



Approval Form to Use Photograph/Video/Image/Story

Subject/Event: _____

Date: _____

Location: _____

Health Services Advisory Group (HSAG) requests your approval to use your information and likeness in an effort to improve healthcare quality and population health.

For the event listed above, I allow HSAG to:

- Take photos and video of me and my property.
- Use my image in print or electronic form for any lawful reason, with or without my name.
- Let HSAG’s partners use my image in print or electronic form.
- Share any or all of my story in hard copy or electronic format.

I have the right to:

- Submit a written request to cancel my approval at any time for any reason (except for materials that have already used my image).
- Refuse to sign this form, without consequence.
- Receive a copy of this form.

I understand that:

- My image and story may be used in publicity, advertising, and web content.
- This approval will not affect any service HSAG may provide me.
- This approval will last 20 years from the date I sign.
- HSAG will not be able to protect my image once it is public.
- I will not be paid for allowing HSAG to use my image.

I have read and understand the above:

Printed Name: _____

Date: _____

Signature: _____

If you have any questions or concerns about this form, or wish to cancel your approval, please call or write HSAG using the following contact information:

Health Services Advisory Group, Inc.
Attn: Communications Department
3133 E. Camelback Rd., Suite 100, Phoenix, AZ 85016
Office #: 602.801.6600 | Fax #: 602.801.6051