St. Michael’s Hospital Media and Communications Consent Form

You are being asked to consent to one or more of the following:

- Have your photograph taken;
- Be videotaped;
- Have your voice recorded; and/or
- Be interviewed for your personal story (including personal information/personal health information, provided at your discretion).

I, (print name)______________________________________, authorize St. Michael’s Hospital, St. Michael’s Hospital Foundation and/or any other persons or organizations authorized by St. Michael’s to take and produce photographs, films, sound recordings and any other audio and/or visual reproductions of myself for possible use, limited to one or both of the following (check as appropriate):

☐ Internal Use: In St. Michael’s materials such as videos, publications, posters, and internal website (intranet);

☐ External Use: In external publications, such as St. Michael’s external website and/or in external media such as newspapers, TV, radio, news outlets, specifically: (news outlet)__________________________________.

In providing my consent, I agree that (check as appropriate):

☐ My name, face or other identifiable features may be used.

☐ My name, face or other identifiable features may not be used.

List any restrictions ________________________________

I understand that pictures, images and recordings used on the web or by news media reside in the public domain and as such St. Michael’s shall not be held responsible for such use. I understand that this image, recording, or information may be maintained and used in the archives of St. Michael’s, as well as in media archives, and I consent to such use. St. Michael’s will seek further consent before using the images, recordings or information for purposes not described on this form.

You may refuse to give your consent. This will not affect your treatment, employment, and/or affiliation with St. Michael’s Hospital in any way.
Signature_________________  Witness name_________________
Date______________________  Witness signature_________________
Email address________________ Date__________________________
Phone number________________

(If applicable) Substitute decision maker name and signature:
________________________________________________________________

For any questions or concerns, please contact the media relations team:

Leslie Shepherd  Geoff Koehler
Manager, Media Strategy  Adviser, Media Relations
416-864-6094  416-864-6060 x.6537
ShepherdL@smh.ca  KoehlerG@smh.ca

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act, R.S.O 1990, c F.31 and will be used for the purpose of managing consent for the use of your information for the purposes described herein. Questions regarding personal information collection and use should be directed to the Freedom of Information Coordinator, Information Access and Privacy Office, St. Michael's Hospital, at (416) 864-6088 or fippa@smh.ca.