Northwestern Medicine®

AUTHORIZATION TO OBTAIN, USE AND DISCLOSE IMAGES AND OTHER MEDIA FOR PATIENTS AND NON-PATIENTS*

By signing this form, I hereby authorize Northwestern Memorial HealthCare (NMHC), its current and future affiliates and subsidiaries ("Northwestern Medicine") to create, obtain, record, use and disclose photography and/or video or audio recording of or related to me and my name, image, or likeness in print, digital or video media ("images and other media"). As applicable, I also authorize Northwestern Medicine personnel to interview me and to obtain, use and disclose related information obtained for the purposes described in this form.

The permitted uses and disclosures of this information, images and other media may include without limitation:

- Northwestern Medicine publications and newsletters (online, electronic and/or print) for fundraising, publicity, promotion, websites or advertising
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- Releasing to the print and broadcast media (e.g., radio, television, newspaper, magazines), third parties, third party websites, social media, and all other types of electronic communication
- Educational purposes, including but not limited to publications and presentations (online, electronic and/or print)
- Other: _____.

I further consent to my information, images and other media being stored and managed within Northwestern Medicine for future use, unless I indicate otherwise. And further, I acknowledge the images are subject to retouching and editing using software containing A.I. technology. This could mean aspects of the images are enhanced or changed per the professional judgement of NM marketing staff. I hereby waive the right to receive a copy, inspect or approve the images and other media and also waive any and all rights that I may have to any claims for payment or royalties in connection with the above use of the images and other media.

I acknowledge that the images and other media will remain the sole property of Northwestern Medicine *except for images and other media that I own and provide to Northwestern Medicine*. If I provide any images and other media to Northwestern Medicine to be used as described in this form, I grant to Northwestern Medicine the right to use such images and media in perpetuity, worldwide, royalty-free and in all media now known or hereinafter invented.

I also understand that Northwestern Medicine is not receiving any financial or other compensation from third parties for use of the images or other media. I understand I have the right to refuse to sign this Authorization and that this Authorization is valid unless I cancel or revoke it in writing. If I choose to revoke this Authorization at any time in the future, I will send my revocation to NMHC Marketing, Communications and Media Relations at 541 N. Fairbanks Ct., Suite 1850, Chicago, Illinois, 60611. My written revocation will not affect any disclosure made before the receipt of my revocation by Northwestern Medicine.

I have read, understand and agree to the conditions of this Authorization by signing below.

Patient*/Individual (Non-Patient) Signature	Date of Signature	Patient/Individual (Non-Patient) Name (Please Print)

Legal Representative Signature*	Legal Representative Name (Please Print)	Relationship	Date

Minor(s) Name(s) (When Applicable)	Age(s)	Relationship to Patient/Child (When Applicable)
Minor(s) Name(s) (When Applicable)	Age(s)	Relationship to Patient/Child (When Applicable)
Minor(s) Name(s) (When Applicable)	Age(s)	Relationship to Patient/Child (When Applicable)

Address	Phone Number	Email Address

***Patients and Legal Representatives of Patients also must sign the AUTHORIZATION TO OBTAIN, USE AND DISCLOSE HEALTH INFORMATION FOR PATIENTS form (see reverse).**

Photo Session Information
Please print in the squares

First name

Last name

NPI a 10 digit number National Provider Identifier

If you are a HIPAA covered provider or if you are a health care provider/supplier who bills Medicare for your services, you need an NPI.

Credentials some examples MD, PhD, DO, MS, RN, CPN, APN, DDs, BA, MBA and others

Department or Specialty

Affiliations some examples NMG, FSM, NLFH, NM, Lurie, Private

Email any email so we can send you a copy of your photo.