

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

AUTHORIZATION TO PRODUCE AND USE
AUDIOVISUAL MATERIALS

Subject's Name: _____

Facility: _____

I hereby voluntarily and without compensation authorize

_____ who is representing
(Name of Photographer or Person making tape)

_____ to produce
(Specify IHS Facility)

___ Photographs; ___ Movies; ___ Videotapes; ___ Audiotapes; ___ Other
(Specify) _____ (Check those that apply)

of me (or the dependent subject named above for whom I am responsible).

Describe activity of subject while materials are being taken or produced: _____

This authorization is given on the condition that the materials so taken or produced will be used only for the purpose(s) of: _____

I understand that the audiovisual materials will not be used for compensation by the IHS or its employees and that this consent does not include the release of materials to the news media or other Non - IHS organizations. Refusal to consent will in no way affect eligibility or access to health care or benefits from the IHS.

Signature of Subject or Guardian Date

Signature of Witness Date

HR #	SSN #	File # _____
NAME		Location _____
BDATE	SEX	TRIBE
RESIDENCE		
FACILITY	DATE	