

## PHOTOGRAPH AND VOICE CONSENT

I authorize EOC Technology Adult Day Center (ADC) to take my picture by photograph, movie, videos, and/or the recording of my voice by the Senior Adult Day Services staff or persons authorized by the ADC, while participating in the ADC program. I understand my photograph, movie, videos, and/or the recording of my voice will be used on our Facebook web page.

Furthermore, I consent to and authorize the use and reproduction of any and all photographs, movies, videotapes, including prints, negatives and positives, or sound recordings which they have taken of me or arranged to have taken for publicity, education or informational purposes, without compensation to me. All prints, negatives, positives and sound recordings shall remain the sole property of the Adult Day Center.

I understand that my refusal of consent for photographs or voice release will in no way affect my eligibility for the services of the ADC or the care I receive as a participant in the ADC.

---

Participant/Caregiver/Guardian

Date

---

Program Staff

Date

(Meets HIPAA Requirements)

