USC University of Southern California

AUTHORIZATION TO USC FOR THIRD PARTY FILMING DURING CLINICAL SERVICES

I voluntarily consent to filming and/or photography by third party _____ (hereafter referred to as "Third Party") of me while I am receiving clinical care services described as _____ in a USC clinical area from a USC clinical provider. I understand that clinical information related to my treatment will necessarily be disclosed when I am filmed or photographed in this clinical setting, and the disclosed information is likely to include details about my injuries, my prognosis, my treatment, and my medical provider. I also understand that USC will allow the Third Party to film me in this clinical setting with no further permission from me required by USC, and with no compensation to me from USC.

I hereby authorize the collection of photographs, audio recordings, and/or video recordings by the Third Party as described above for purposes of a news/documentary segment that the Third Party is producing about me, or any other use as agreed to by me and the Third Party, and in marketing and related uses in connection with such filming.

I acknowledge that my name or likeness, including photographs, video, voice recordings, or other media, will be presented in this filming and my rights and limitations related to these media are established in a separate agreement(s) between me and the Third Party. I understand that information disclosed to and used by the Third Party pursuant to this Authorization will be further displayed publicly by the Third Party. Such display is in some cases not protected by California law and may no longer be protected by federal confidentiality laws (HIPAA or FERPA).

I hereby release and discharge USC, its clinical staff, medical providers, its trustees, officers, employees, licensees, volunteers, agents, representatives, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with this filming activity.

I understand that I may request cessation of the filming or recording in the USC clinical setting during the time that it is underway, but that the Third Party will own all the content captured and USC does not have the ability to later call back any images or recordings captured by the Third Party in USC's clinical space.

I understand that I may refuse to sign this Authorization. My refusal will not affect my ability to obtain physical therapy or other medical treatment at USC at any time.

This authorization for the Third Party to film, photograph and/or create other recordings of me in a USC clinical setting expires in one year.

I have a right to request a copy of this Authorization.

Signature: _____ Date: _____

Print Name: _____

Address: _____
City State Zip Code

Mobile Number: _____ Email: _____