



INLAND EMPIRE HEALTH PLAN

PUBLIC EVENT PHOTOGRAPH AUTHORIZATION

Inland Empire Health Plan will selectively use photographs from community events, presentations, meetings and any other public platforms in which our entity is involved. Inland Empire Health Plan seeks your authorization to use these photographs of you and/or your child(ren) in marketing publications, social media platforms like Facebook, presentations, and websites.

Event Title and Date: _____

I hereby consent to be photographed or for existing photographs of me and my children to be utilized for the purposes described above. The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

I authorize Inland Empire Health Plan (IEHP) to use photographs of me and my child(ren) on their website, a social media platform like Facebook, and presentations for any other marketing publications. I acknowledge that IEHP may choose not to use my photograph.

I authorize the use or disclosure of such photograph(s) in order to assist scientific, treatment, educational, public relations, marketing, and/or charitable goals, and I hereby waive any right to compensation for such uses by reason of the foregoing authorization. I and my successors or assigns hereby hold IEHP, its employees and any other person participating in this project and their successors and assigns harmless from and against any and all claims for injury or compensation resulting from the activities authorized by this agreement.

A photograph disclosed as a result of this Authorization could be re-disclosed by another party. Such re-disclosure may not be protected by federal confidentiality law (HIPAA). I hereby hold IEHP and its employees harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

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

I may request that IEHP stop photographing at any time. I may rescind this Authorization up until a reasonable time before the photograph is used, but I must do so in writing and submit it to the following address: 10801 Sixth St. Unit 120 Rancho, Cucamonga, Ca. 91730 Attn: Media Relations c/o: Marketing Dept.

Name: _____

Phone Number: _____

Signature: _____

Date: _____