



**COMMUNICATIONS DEPARTMENT**

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LHCgroup.com

**LHC GROUP  
PHOTOGRAPHY/INTERVIEW CONSENT RELEASE**

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I hereby give my consent to use, at any time or times hereafter for advertising and/or all other promotions and communications activities, any photographs, interviews, videotapes, audio recordings and/or films in which I have performed, posed or participated. I understand these before-mentioned items and comments may be used by LHC Group and/or news organizations (media). I release LHC Group from any and all responsibilities and liabilities that may ensue therefrom. I agree that I am participating on a voluntary basis, and I waive any claim for compensation in connection with the before-mentioned activities.

I understand this interview and photography will become the property of LHC Group, shall not constitute part of my medical record and are not subject to laws governing confidentiality of medical records. I agree that LHC Group may identify me by name or other identifying information, including hometown, age, etc.

I affirm this consent was granted prior to the commencement of any interview, photography, recording or filming. I understand I have the right to request the interview, photography, recording or filming be stopped at any time. I also understand I may rescind my consent for a period of up to 48 hours after the interview, photography, recording or filming takes place, or until the interview, photography, recording or filming is used, whichever occurs first.

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Signature

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Email address

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Please print name

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Signature of parent/guardian if individual  
is under 18 years of age

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Address

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City, state, zip

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Phone number

***It's all about helping people.***