

LONG TERM CARE FACILITY

Facility Medical Appointment & Social Photography Permissions

South Peninsula Hospital Long Term Care residents may participate in social activities where they may be photographed and/or identified as . We ask that the resident and/or legal guardian indicate willingness to participate in activities where name or photograph may appear. Permission below can be specific:

Activity/Event/Purpose	YES	NO
I give permission to share my photograph/name to local media, including social media, for activities purposes.		
I give permission to share my name and birthday to the SPH Activity Calendar/ Newsletter and any other usage within the facility.		
I give SPH LTC permission to share very general health information with staff and residents if I am in the hospital.		
I give SPH LTC permission to transport the resident for the following:		
I give SPH LTC permission to transport resident to medical services deemed necessary by attending provider (appointments need to be cleared with the resident’s legal representative).		

Signature of Resident/Resident Representative:

* _____ Date: _____

Signature of Facility Staff / Social Work:

_____ Date: _____

*** This consent will not expire but may be revoked at any time.**