



Nuvance Health Media Consent Form

By signing this media consent form, I consent to Nuvance Health and its affiliates (Danbury Hospital and its New Milford Hospital Campus, Norwalk Hospital, Northern Dutchess Hospital, Putnam Hospital, Sharon Hospital, Vassar Brothers Medical Center, Nuvance Health Medical Practices and Home Care) including me in materials for external communications and/or marketing purposes, which may include interviews, photos and videos for digital and print usage.

I consent to Nuvance Health and its affiliates using the materials regardless of media medium, which may include social media, websites, consumer/news media outlets, advertising and print publications. I understand the materials are the property of Nuvance Health and its affiliates.

I understand that this authorization will remain valid for one (1) year from the date I sign it, unless I revoke it earlier. I understand that I may revoke this authorization at any time by writing to the Community, Government and Public Affairs Department: 24 Hospital Avenue, Danbury, CT 06810. Revocation will be effective upon receipt.

Name: _____

Email Address: _____

Phone Number: _____

Participant's Signature or Authorized Representative/Guardian*: _____

Signature Date: _____

Relationship to Participant if Signing on their Behalf: _____

**Guardian signature required for patients age 17 and younger*