



Department of Veterans Affairs

CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF (Name)

WILSON, KIM M.

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.)

Authorize all media mediums, (i.e. T.V., Newspapers, Radio) to use my photo, video and or interview for their media requirements.

While I am (describe the activity, if any to be photographed or recorded)

Attending the following function/program The Vista Rad Program at SAVAHCS
sponsored by SAVAHCS hereto mentioned.

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

To all media mediums associated with titled activity above, program or project stated in paragraphs. To include TV stations: 4, 7, 8, 9, 11, 12, Public T.V., 13 and
Newspapers: Arizona Daily Star, Citizen, Tucson Weekly and National magazines.

I understand that the said picture, video and/or voice recording is intended for the following purpose(s):

For possible telecast, radio transmission(s), as well as stories or articles featured in newspapers.

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON

LAST 4 SSN

DATE

KIM M. WILSON, M.D.

6161

9-29-06

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT

DATE

PRODUCTION TITLE

PRODUCTION NUMBER

INDIVIDUAL'S NAME AND ADDRESS

IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.

This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law.

All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you have received this communication in error, please notify us immediately at the telephone number shown below. Thank you.

TO

FAX NUMBER

DATE

NO. PAGES
ATTACHED

ARIANNA McFARREN

301-734-0146

10/30

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SUBJECT

I Found THIS while I was clearing my desk!

FROM:

JOHN DiLORENZO

Imaging Service (6-114)

Diagnostics Service Line

Southern Arizona VA Health Care System

3601 South Sixth Avenue

Tucson, AZ 85723

Phone: (520) 629-4630

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