



**Mosaic**Medical  
Quality Care For All

**Permission to Interview, Photograph, Videotape and/or Record**

I, \_\_\_\_\_, give consent for myself (or my child or legal charge name here \_\_\_\_\_), to be interviewed, photographed, videotaped and/or recorded by Mosaic Medical staff or members of the media.

I give permission for Mosaic Medical to use any photographs, video, quoted statements, personal accounts or recordings for publicity purposes including, but not limited to, use of printed materials, newspapers, radio, television, DVDs, the organizations website, website of affiliate organizations and the organization's social media sites.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Parent/Legal Guardian

If Patient is Under 18 Years