Department of Veterans Affairs

INFORMED CONSENT AND AUTHORIZATION FOR THIRD PARTIES TO PRODUCE OR RECORD STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, OR VIDEO OR AUDIO RECORDINGS

AUTHORIZATION

I, _____ *(Name of Person),* agree to permit the Veterans Health Administration (VHA), if necessary, to _____ *(Name of 3rd party)* to arrange a meeting. I acknowledge that once my name is shared pursuant to this authorization, it may no longer be protected by Federal laws or regulations and may be subject to re-disclosure by _____ *(Name of 3rd party)*

I may revoke the permission, in writing, at any time except to the extent my name and contact information has already been shared with _____ *(Name of 3rd party)* Written revocation is effective upon receipt by the Public Affairs Office. This authorization to share my name and contact information will automatically expire upon completion of the interview with _____ *(Name of 3rd party)* Expiration of the authorization does not impact the other provisions of the below Informed Consent.

INFORMED CONSENT

I, _____ *(Name of Person),* , agree to meet and / or allow _____ *(Name of 3rd party)* to produce or record a verbal or written statement, photograph, digital image, or video or audio recording containing my voice, appearance, or likeness.

I consent to permit _____ *(Name of 3rd party)* the use of a verbal or written statement, photograph, digital image, or video or audio recording containing my voice, appearance, or likeness as agreed to between me and _____ *(Name of 3rd party)*

I acknowledge that VHA and the Department of Veterans Affairs (VA) are permitting _____ *(Name of 3rd party)* access to meet with me on the property under its jurisdiction in order for _____ *(Name of 3rd party)* to meet me and produce or record a verbal or written statement, photograph, digital image, or video or audio recording containing my voice, appearance, or likeness, and on the condition that my participation is done voluntarily.

I agree that VA and VHA bear no liability or responsibility for the production and use of any verbal or written statements, photographs, digital images, or video or audio recordings that _____ *(Name of 3rd party)* creates and uses of me.

I understand that at any time, I may exercise my right to refuse to allow _____ *(Name of 3rd party)* to meet me or produce or record a verbal or written statement, photograph, digital image, or video or audio recording containing my voice, appearance, or likeness.

I understand that no royalty, fee, or other compensation of any character shall become payable to me by the United States.

I understand that I will receive a copy of this form after I sign it.

I further understand that my agreement or refusal to meet with _____ *(Name of 3rd party)* and to sign this form is voluntary, and my refusal to meet with _____ *(Name of 3rd party)* or to sign this form will have no effect on my receipt of or eligibility for any VA benefits to which I may be eligible.

_____	_____	_____
Name of Person	Signature of Person	Date