



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