



Altus Cancer Center

Radiation Oncology Baytown, LP

Audiovisual Consent and Release Form Mail Out and E-mail Release Form

I, _____, hereby consent to allow Altus Healthcare Management Services, its agents, representatives, employees, successors, or assign to photograph, video tape, voice or data record me. I further grant to Altus HealthCare Management and/or its nominees (including any legitimate publisher), the absolute right and permission to copyright, reproduce, broadcast, telecast and/or publish the photograph(s), film, videotape, recordings, endorsement or copy in which I may be included in whole or part, or composite form for utilization in diagnostics, documentation, treatment and/or teaching or demonstration purposes, or art purposes, trade, web site use, advertising and all advertising media, or for any lawful reproduction purpose whatsoever without limit or reservation. I understand and agree this may include a limited amount of information regarding my medical condition and/or treatment at the Altus Healthcare Management Inc. and affiliated entities. I further agree to release Altus Healthcare Management Inc., its agents, representatives, employees, successors, or assigns from any liability by virtue of any blurring, distortion, or use in composite form, that may occur or be produced in the taking and reproducing of said photograph(s), videotape, or recording, or in any processing tending toward the completion of the finished product.

- I wish to receive newsletters, invitations, information and e-mails, etc.
- I **do not** wish to receive newsletters, invitations, information and e-mails, etc.
- Upon completion of radiation treatment, I wish to have my picture posted on the "Heroes" Wall
- Upon completion of radiation treatment, I **do not** wish to have my picture posted on the "Heroes" Wall

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: TX Zip Code: _____

Phone Number: _____

Witness: _____

Date: _____

