



BEST START BIRTH CENTER

Client Sticker Here

Consent to Public Use of Name/Photo Display

Photography Policy Acknowledgment:

Photography by Family/Friends

- A. Consent is not needed for Photography done by the client's family members or friends. However, the Photography must not interfere with client care and the midwife or other health care provider has the authority to instruct that the photography be discontinued if deemed necessary in the interest of client care, respect for privacy and/or dignity of the client or others, or for efficient birth center operations.
- B. Video monitoring by family/friends in a client's room must be approved by the healthcare provider. The family/friends are informed that the camera or monitor must be focused only on the client and cannot be placed in a position that captures staff or other clients or activities in the room.
- C. Photography by a client/family taken under circumstances causing concern to staff/faculty for any reason should be reported to the Executive Director and Clinical Director.

Photography of Newborns during the Delivery

- A. Best Start Birth Center protects the confidentiality of the client and newborn, while preserving and supporting the client's decision to record the birth process.
- B. Clients and/or family members are generally allowed to photograph or video record deliveries in accordance with limitations specified by the mother and with the agreement of the attending health care providers.
- C. The client and family members may be asked and are expected to comply with the request to discontinue recording at any time if the attending midwife or nursing staff deem it necessary.
- D. Written consent of the parent must be obtained prior to Best Start Birth Center taking photographs of newborns.
- E. Best Start staff will not release any information to any vendor on behalf of the client. It is the responsibility of the client to release information pertaining to client or newborn.

BSBC loves to post client/baby photos AND birth stories! If you want to share, email: kroslic@beststartbirthcenter.com or give them to the front desk staff. I understand that no other information regarding me or my family will be released without my direct consent. I have had my questions answered to my satisfaction and sign this consent with full understanding of what it releases. **I, (please print full name)** _____, give Best Start Birth Center/Midwife Services and Women's Health International, the absolute right and permission to use photographs I provide in: Promotional materials, educational materials, social media applications, and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release Best Start Birth Center, Women's Health International, and their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

I am willing to share ALL of the below information _____ (please initial)

I am ONLY willing to share the following information:

- Baby's Name or (Baby Boy/Girl) _____ (initial)
- Baby's Gender _____ (initial)
- Date of Delivery _____ (initial)
- Time of Delivery _____ (initial)
- Baby's Weight _____ (initial)
- My First Name _____ (initial)
- Partner's First Name _____ (initial)
- Permission to post Photo(s) of Baby/Parents, (if applicable) ____/____ (please initial)

I choose NOT to share any personal information or photographs ____/____ (Initial ONLY if you do NOT WANT TO SHARE)

Name of subject(s) to be shared: Baby _____ Mother _____ Partner _____

Sign: _____ Date: _____
(Signed by parent for individuals under 18 years old)

Witness Name: _____

Witness Signature: _____ Date: _____