



## AUTHORIZATION TO PUBLISH PHOTOGRAPH ON MAHEC SITES

LEGAL NAME (FIRST)

(MIDDLE)

(LAST)

### INTRANET – INTERNAL EMPLOYEE DIRECTORY

By checking this box, I authorize MAHEC to publish my photograph on the organization Intranet site as part of an employee directory. I understand that the Intranet site is intended to be available only to those who have received a Network Identification and Password to gain access into the site.

I DO NOT AUTHORIZE THE ABOVE.

### INTERNET – ORGANIZATION DIRECTORY

By checking this box, I authorize MAHEC to publish my photograph on the organization Internet site as part of a directory of services. This site will be located on the World Wide Web and there are no limitations to accessibility.

I DO NOT AUTHORIZE THE ABOVE.

### INTERNET – CARE PROVIDER DIRECTORY

By checking this box, I authorize MAHEC to publish my photograph on the organization Internet site as part of a Care Provider Directory (physicians and mid-level providers only). This site will be located on the World Wide Web and there are no limitations to accessibility.

I DO NOT AUTHORIZE THE ABOVE.

### REVOCATION OF CONSENT

By checking this box, I understand that if at a future date I would like to have my photograph removed from the MAHEC Intranet/Internet site(s), I should notify Human Resources.

NOT APPLICABLE BASED ON MY SELECTIONS ABOVE.

**My signature below indicates that I have read this form and my consent to authorize or not authorize publication of my photograph is based upon on my selections provided on this form.**

SIGNATURE

DATE