

RELEASE AUTHORIZING SITKA MEDICAL CENTER TO PUBLISH
NEWBORN PHOTOS ON THE INTERNET

I, _____, hereby authorize Sitka Medical Center to make personally identified photographs of my newborn child or children, _____, available for viewing over the internet at the Sitka Medical Center website for a period of up to two years.

I understand that the names and photographs published on the website will be accessible to anyone who receives the access password. I understand that Sitka Medical Center will provide the access password to all parents who wish to have photographs of their newborns posted on the website, and that participating parents are permitted to share the access password with their family, friends and other acquaintances. Thus I understand and agree that Sitka Medical Center will exercise no meaningful control over who has access to the photographs posted on the website. I understand that all persons with access to the website will have the ability to reproduce the photographs and/or disclose them to other parties, and that Sitka Medical Center has no ability to prevent such acts. I therefore waive any common law, statutory, or constitutional right to privacy that I or my newborn(s) may have with respect to the published name(s) and photographs.

I understand that I am not required to sign this authorization, and that a refusal to sign this authorization will not affect any right to medical treatment on behalf of myself or my newborn(s). I understand that signature of this authorization of this authorization is required only if I wish to have photographs of my newborn(s) made available for viewing on the Sitka Medical Center website. I understand that if I sign this authorization, I retain the right to examine the pictures published on the website.

I understand that I have the authority to revoke this authorization by providing a written notice of revocation to Sitka Medical Center, which will be effective upon receipt by Sitka Medical Center. However, I understand that actions taken in reliance on this authorization cannot be undone, and a revocation will not render Sitka Medical Center liable for actions already taken in reliance on this release. Revoking this authorization will have no effect other than requiring Sitka Medical Center to promptly remove any and all photographs of my newborn(s) from the website.

DATE this ____ day of _____, 20__.

Signature of Parent

Printed Name of Parent