



## CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

I, \_\_\_\_\_, hereby authorize and give consent that the **Edmonton Zone**  
*Please print your name*

**Medical Staff Association** shall have the right to use any/all photos, audio, video and written files (whether supplied/provided to the EZMSA or taken/produced/drafted by the EZMSA or its representative) of me or by me (and/or my minor child/children) for all purposes relating strictly to EZMSA business, including display on the EZMSA website or in other EZMSA publications, social media or displays. Unless requested otherwise, I authorize and give consent to the EZMSA to permanently retain the photos, audio, video or written files. I understand that, at any time, I may request my consent be withdrawn immediately by contacting the EZMSA representative(s), below. I also understand that due to the complexities of information technology, it may be impossible to ensure that my photo, audio, video or written files are permanently removed in their entirety from internet sources.

### Withdrawing Consent

I understand that, at any time, I may request my consent be withdrawn immediately by contacting the EZMSA representative(s), below. I also understand that due to the complexities of information technology, it may be impossible to ensure that my photo, audio, video or written files are permanently removed in their entirety from internet sources.

**Primary EZMSA contact** [Bobbie Jo Hawkes, Manager, EZMSA]

EMAIL: [bobbiejo.hawkes@albertadoctors.org](mailto:bobbiejo.hawkes@albertadoctors.org)

PHONE: [780-408-9630](tel:780-408-9630) ext 5630

### Protection of privacy

*Please direct any questions regarding this consent form and collection to Manager, Edmonton Zone Medical Staff Association, Bobbie Jo Hawkes. By completing this form, you consent to allow the EZMSA to collect and use personal information (including identifying you by name) by way of photo, video, audio or written files and to disclose/use this personal information via our website or publications. Your information will be safeguarded, retained and disposed of in accordance with the records retention and disposition schedules of the Edmonton Zone Medical Staff Association.*

Your name (please print)	
Date	
Signature (required)	

*Signature of consent by parent/guardian required on behalf of child/children under the age of 18*