

Below is important information regarding your upcoming portrait session with Charlotte AHEC. Please note, this has been updated with current policies due to the COVID-19 Pandemic.

- If you are a new provider we will be taking one photo a lab coat. If you have one of your own, we strongly encourage you to bring it. We also have lab coats available that will be disinfected after each session.
- The portrait is a headshot only taken on a gray background. There is not a color preference of what you wear. It will only be waist up and we ask that you dress in business attire.
- Please keep as close to your appointment time as possible. We are currently only in studio for appointments.
- Please come alone and do not bring any items inside with you. You may bring your phone and keys, but we ask that everything else is left in your car.
- Please wear a mask until you are in place for the photograph. Please use the hand sanitizer stations upon entering and exiting the studio.
- Please sign the Permission to Use Likeness form and email to Emily Barnes or print and bring with you for your appointment.
- If something comes up the day of the appointment, please call Emily Barnes.

AHEC Studio Contact Information
Emily Barnes 704.512.7769
emily.barnes1@atriumhealth.org

Directions to Charlotte AHEC

We are located at 5039 Airport Center Pkwy, Building K, Suite A-1, Charlotte NC 28232. When you are facing building K, you want to park on the left side of the building. The studio entrance is the last door on the left side of the building.





Permission to Use Likeness

This form gives us permission to use your stories, image, voice, etc. under intellectual property laws. It is separate from the Authorization, which gives us permission to use and disclose your information under patient privacy laws.

I grant The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health and its associated foundations, even if separately incorporated (collectively, "Atrium Health") a perpetual, world-wide, royalty free license and permission to record, use, disclose, portray, reproduce, broadcast, stream, post, print, and publish my (or the person on whose behalf I am serving as a personal representative, who will be included in the terms "my", "me", "mine", or "I") likeness, picture, video, information (including that released pursuant to an Authorization), story, quotes, and interview, whether in digital, electronic, paper, print, video, oral, or televised form ("Information") for Atrium Health's current or future internal and external marketing, fundraising, public relations, and educational purposes on behalf of Atrium Health (including on behalf of its hospitals, practices, programs, and associated foundations). I understand that such Information will be the exclusive property of Atrium Health, free and clear of any claim on my part and may be used in future video or print projects, in whole or in part.

I understand that I will not be compensated for the permissions, licenses, or use of the Information. I also understand that Atrium Health is only responsible for its own actions, and does not control third parties, including other media outlets. I understand that I can request that production of the recording be stopped at any time during production and I can revoke this Permission before the Information is used. On behalf of myself, my child, our heirs and representatives, I agree to release Atrium Health, their commissioners, directors, officers, and employees, from and against any liability related to their use of the Information.

Signature: _____

Name: _____ Date: _____

Note: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form. Note the relationship/authority if signature is not that of the patient (Written Proof May be Requested):

- Healthcare Agent/POA
- Guardian
- Executor/Administrator/Attorney in Fact
- Spouse
- Parent
- Adult Child
- Affidavit Next of Kin
- Other: _____

