Brooks Alternative Agency Inc.

"The Alternative Home Care Agency"

Consent to Photograph

_____ _____

Employee Name Employee ID #

I, _____, a current employee of
(Patient)

Brooks Alternative Agency Inc. hereby authorize staff to:

1. Photograph me for identification purpose. ☐ Yes ☐ No

2. Photograph me for the purpose of Marketing and Advertising (specify): ☐ Yes ☐ No
   _____
   _____
   _____

Employee Signature: _____ Date: _____

Witness Signature: _____Title _____ Date: _____

1242 Point Breeze Ave Philadelphia, Pa., 19146 Phone: 800-282-2208 Fax: 856-291-5079 (Email) sbrooks@brooksalternative.com