AMA/ACTT Consent for Disclosure of Personal Information

I, _____ hereby authorize and give consent to the **Alberta Medical**
Please print your name
Association (AMA) and its programs including but not limited to the **Accelerating Change Transformation Team (ACTT),** which receives grant funding to operate from the Government of Alberta, to have the right to use any/all photographs, audio ,video and written files (whether supplied/provided to the AMA or taken/produced/drafted by the AMA or its representative) of me or by me for all purposes relating strictly to AMA business, including display on the AMA websites or in other AMA publications, social media or displays. Unless requested otherwise, I authorize and give consent to the AMA to permanently retain the photos, audio, video, or written files. The AMA will not make them available for any other purpose.

Withdrawing Consent

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

Primary AMA contact [to be completed by responsible AMA staff member]

EMAIL: _____

PHONE: _____

Protection of Privacy:

Please direct any questions regarding this consent form and collection to
•Consultant (ACTT) Website, ACTT, actt@albertadoctors.org, 780-482-2626 **or**
•Manager, (AMA) Website, AMA, webmaster@albertadoctors.org,780-482-2626.

By completing this form, you consent to allow the AMA 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 websites or publications.

Your information will be safeguarded, retained, and disposed of in accordance with the records retention and disposition schedules of the Alberta Medical Association as well as any privacy legislation that would govern this collection and use.

Your name (please print):	
Date:	
Signature (required)	

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