

## Community Hospital of Anaconda

### Your Infant on the Internet

With your permission Community Hospital of Anaconda will photograph your baby and present her or him to the world at <http://www.communityhospitalofanaconda.org/>

There is no charge for this service. Included will be the following information:

- Baby's Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_
- Time: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_
- Weight \_\_\_\_\_ Length \_\_\_\_\_
- Mother's Name \_\_\_\_\_  
(Please print as you would like it published.)
- Father's Name \*\* \_\_\_\_\_  
(Please print as you would like it published.)

\*\*\* provided he gives consent by signing this form.

For additional security, please create a Pass Code, so that only friends and family that have the code can view your newborn.

- Pass Code (PIN) \_\_\_\_\_  
(Must be 4-8 characters- numbers or letters or combination thereof.)

My signature serves as an authorization for release of information for the items provided on the form to be published on the hospital website:

<http://www.communityhospitalofanaconda.org/>

As evidenced by my signature, I indemnify, defend, and hold harmless Community Hospital of Anaconda, its affiliates, officers, directors, and employees from any and all claims, liability, and damages, that arise as a result of use or misuse of information provided on this form and published on the hospital website.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(must sign for name to be published.)

Witness \_\_\_\_\_ Date \_\_\_\_\_

Photos will remain on the Internet indefinitely from the date they are posted.

\*\* In the event that you would like to remove this information from the website, please contact the Health Information department at 563-8560 to request an authorization from a HIM staff person. Once the signed form is received by the HIM staff, it may take up to 10 business days to remove the information from the website.