

## Annex G: Sample Template for Photo Consent

*Optional: Insert Facility Logo/Name*

### PHOTO CONSENT FORM

I, \_\_\_\_\_, with address \_\_\_\_\_  
*Name of Konsulta Beneficiary*  
\_\_\_\_\_ grant permission and give  
*Address of Konsulta Beneficiary*  
my consent to \_\_\_\_\_ for the use  
*Name of Konsulta Package Provider (KPP)*  
of my photo or picture as one of the requirements in the availment of Konsulta benefit.

By signing below, I hereby authorize my Konsulta facility to save my photo for post-audit monitoring purposes of PhilHealth.

\_\_\_\_\_  
Name of Konsulta Beneficiary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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*Optional: Insert Facility Logo/Name*

### PHOTO CONSENT FORM

I, \_\_\_\_\_, with address \_\_\_\_\_  
*Name of Konsulta Beneficiary*  
\_\_\_\_\_ grant permission and give  
*Address of Konsulta Beneficiary*  
my consent to \_\_\_\_\_ for the use  
*Name of Konsulta Package Provider (KPP)*  
of my photo or picture as one of the requirements in the availment of Konsulta benefit.

By signing below, I hereby authorize my Konsulta facility to save my photo for post-audit monitoring purposes of PhilHealth.

\_\_\_\_\_  
Name of Konsulta Beneficiary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date