Annex G: Sample Template for Photo Consent

Optional: Insert Facility Logo/Name

PHOTO CONSENT FORM

	, with address		
	Name of Konsulta Beneficia	ry	
	Address of Konsulta Benej	grant	permission and give
nu concept to	Address of Konsulta Benej	liciary	fonthorse
ny consent to _	Name of Von	sulta Package Provider (KPP)	for the use
		irements in the availment	of Konsulta benefit.
By signin	ig below, I hereby authori	ize my Konsulta facility to s	save my photo for post-
udit monitorin	ng purposes of PhilHealth	1.	
Name of Konsu	ılta Beneficiary	Signature	Date
Optional: Insert	Facility Logo/Name		
	рното с	'ONSENT FORM	
	РНОТО С	CONSENT FORM	
I,			
I,		, with address	
I,	Name of Konsulta Beneficia	, with address grant	permission and give
		, with address grant	permission and give
	Name of Konsulta Beneficia Address of Konsulta Benefi	, with address ^{ry} grant	
ny consent to _	Name of Konsulta Beneficia Address of Konsulta Benefi Name of Kons	, with address ry grant cciary sulta Package Provider (KPP)	permission and give for the use
ny consent to _	Name of Konsulta Beneficia Address of Konsulta Benefi Name of Kons	, with address ^{ry} grant	permission and give for the use
ny consent to _ of my photo or]	Name of Konsulta Beneficia Address of Konsulta Benefi Name of Kon picture as one of the requ	, with address ry grant ciary sulta Package Provider (KPP) nirements in the availment	permission and give for the use of Konsulta benefit.
ny consent to _ of my photo or]	Name of Konsulta Beneficia Address of Konsulta Benefi Name of Kon picture as one of the requ	, with address ry grant cciary sulta Package Provider (KPP)	permission and give for the use of Konsulta benefit.
ny consent to _ of my photo or p By signin	Name of Konsulta Beneficia Address of Konsulta Benefi Name of Kon picture as one of the requ ng below, I hereby authori	, with address ry grant cciary sulta Package Provider (KPP) nirements in the availment ize my Konsulta facility to s	permission and give for the use of Konsulta benefit.
ny consent to _ of my photo or p By signin	Name of Konsulta Beneficia Address of Konsulta Benefi Name of Kon picture as one of the requ	, with address ry grant cciary sulta Package Provider (KPP) nirements in the availment ize my Konsulta facility to s	permission and give for the use of Konsulta benefit.

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