

## Annex F: Template for the 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

Note: The photograph should be colored and at least the size of 35mm width x 45mm height. It should have full face, front view and eyes open. Photo should present full head from top of hair to bottom of chin. The head should be in the center of the frame. There should be no distracting shadows on the face or background. The light should be even and balanced to avoid shadows on the face.

*Optional: Insert Facility Logo/Name*

### PHOTO CONSENT FORM

I, \_\_\_\_\_, with address \_\_\_\_\_  
*Name of Konsulta Beneficiary*  
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\_\_\_\_\_  
Name of Konsulta Beneficiary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: The photograph should be colored and at least the size of 35mm width x 45mm height. It should have full face, front view and eyes open. Photo should present full head from top of hair to bottom of chin. The head should be in the center of the frame. There should be no distracting shadows on the face or background. The light should be even and balanced to avoid shadows on the face.