



#### ACKNOWLEDGEMENT AND CONSENT TO PUBLISH

I, the undersigned, give my consent on behalf of \_\_\_\_\_ (“Provider”) to the publication of identifiable details, which may include photograph(s) and/or video(s), related to the GSD Participating Provider Sweepstakes offered by Molina Healthcare of Kentucky, Inc. dba Passport by Molina Healthcare (“Passport”). Such publication may include announcements on the internet and in other communications to providers.

I, the undersigned, acknowledge receipt of a handheld RetinaVue camera from Passport. The camera was received on \_\_\_\_\_ and was delivered by \_\_\_\_\_.

#### Provider Signature and Information.

Provider’s Legal Name (“Provider”):	
Authorized Representative’s Signature:	Authorized Representative’s Name – Printed:
Authorized Representative’s Title:	Authorized Representative’s Signature Date: