



## **Consent for the Collection, Use, Transmission and Storage of Biometric Identifiers or Biometric Information**

I, the undersigned individual, am employed or otherwise retained by Endeavor Health, including all of its subsidiaries and affiliates under its direct control, ("Endeavor Health" or "System") to provide certain services to the System.

I understand System collects, uses, protects, and stores biometric information in compliance with the State of Illinois Biometric Information Privacy Act of 2008, 740 ILCS 14/1, et seq. ("BIPA"), which regulates the collection, use, transmission, storage, retention and destruction of Biometric Identifiers and Biometric Information.

Biometric Identifiers are one or more of the following: iris or retinal scan, fingerprint, voice print or scan or hand or facial geometry.

Biometric Information is any information, regardless of how it is captured, converted, stored or shared based on an individual's biometric identifier used to identify an individual.

I understand by consenting below my fingerprint, or other Biometric Identifier(s), may be collected, used, transmitted or stored by Endeavor Health and/or its vendors for the purpose of verifying my identity for an employee background check, access to Endeavor Health restricted areas and/or use of equipment.

I understand by consent below my Biometric Identifiers or Biometric Information will not be disclosed by Endeavor Health to third-parties without my written consent except when the disclosure is required by vendor contract or by law or by a valid subpoena, court order or court warrant.

I understand by consenting below my Biometric Identifiers and Biometric Information will be permanently deleted from the Endeavor Health information system network immediately upon termination of my role with Endeavor Health or when I revoke my consent, if not sooner.

By handwritten or electronic signature:

I consent to the above and acknowledge that I have been provided access to a copy of the Endeavor Health Biometric Information and Privacy Policy.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Employee ID #**

\_\_\_\_\_  
**Company Name**