

Consent to Collection of Biometric Information

The Illinois Biometric Information Privacy Act, 740 ILCS 14/1, et seq. (“BIPA”), regulates the collection, storage, use, and retention of “biometric identifiers” and “biometric information.” “Biometric identifier” means a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry. “Biometric information” means any information, regardless of how it is captured, converted, stored, or shared, based on an individual’s biometric identifier used to identify an individual.

Your fingerprint or other biometric information may be collected and stored by Edward-Elmhurst Health and/or its vendor(s) for the purpose of verifying your identity for employee background checks and/or access to EEH system(s) as more specifically documented in Exhibit A to the Biometric Information and Security Policy.

Your biometric information will not be disclosed by EEH without your consent unless the disclosure is required by law or by a valid legal subpoena. Your biometric information will be permanently deleted from EEH’s systems within a reasonable time after your relationship with the company ends, not to exceed 3 years from that date.

The undersigned acknowledges that he/she has received the attached Biometric Information and Security Policy.

By signing below, you consent to EEH’s collection, use, and storage of your hand geometry or other biometric information for the above defined purpose.

Signature _____

Name Print _____ Date _____

Employee # (if applicable) _____

Company name (if not employee) _____