

## HIPAA AUTHORIZATION

This authorization is voluntary and you can refuse to sign this authorization. The information you authorize us to disclose will no longer be protected by state and federal privacy laws and may be re-disclosed by the recipient.

By signing this document, you hereby authorize me, \_\_\_\_\_ and my affiliates or subsidiaries at \_\_\_\_\_ to use or disclose the following information: Your name, city and state, information you shared with me regarding the medical care you received or nature of your medical condition, videos, photographs, and audio recordings of you, as well as facts about you, your health and personal stories that you share with me or our staff (hereinafter referred to as "Information").

You represent and warrant that the Information provided by you is a true expression of your own real experience, honest feelings and/or beliefs. You agree that this Information is not in any way false or misleading.

This Information may be used/disclosed by \_\_\_\_\_ for only the following purpose(s): External media outreach. This includes but is not limited to the production of recordings, internet stories, social media, videos and similar image and sound capture for purposes of publication and/or distribution via all types of media.

**Re-disclosure:** You understand that if your Information is used or disclosed under this authorization, it may be re-disclosed by anyone receiving it and will be no longer protected under federal privacy law.

**Recipients of the Information:** Individuals and entities in the media industry and the general public.

This authorization expires three (3) years from the date of this signed authorization. You have the right to revoke this written authorization at any time by writing to: \_\_\_\_\_

Please be advised that in the event this authorization is revoked or it expires will not change any actions \_\_\_\_\_ took in reliance on your authorization prior to its revocation or expiration. \_\_\_\_\_ will still be able to use your Information obtained in accordance with this authorization prior to its revocation or expiration. For example, we may will still be able to use your Information in connection with the Projects, even though we may no longer create new Projects using your Information.

Name: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE AND WAIVER

For value received, including the opportunity to be interviewed about my treatment, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to \_\_\_\_\_ and his/her directors, officers, partners, agents, affiliates, subsidiaries, employees, publishers, licensees, successors and assigns ("User") the irrevocable and unlimited right, to the extent permitted by law and permission to use, adapt, modify, reproduce, distribute, and display worldwide my likeness, voice, photograph, image, name, and biographical information, in whole or in part, in any medium now known or later developed, for education, storytelling or promotional purposes.

I understand that I do not have any right to edit, control, or preview any such materials and that that User is not required to use me or my story in any advertising or promotional materials. If I provide a photograph, drawing or depiction of myself to User, I warrant that I have the necessary rights to grant the rights to User herein.

On behalf of myself, my heirs, and assigns, I hereby release and hold harmless User from any and all claims, damages, liabilities, and causes of action arising out of or related to the sale, use, adaptation, reproduction, distribution, display, advertising, promotion, marketing or exhibition of my likeness, voice, photograph, image, name, and biographical information including, but not limited to, any claims for misappropriation, blurring, distortion, trespass, invasion of privacy, defamation, outrage, the infliction of emotional distress, infringement of my right of publicity, copyright infringement, or any other statutory or common law causes of action.

I HAVE READ THE ABOVE RELEASE AND WAIVER, PRIOR TO SIGNING, AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of individual: \_\_\_\_\_

**If the individual cannot sign, authorized representative must sign below:**

The undersigned hereby warrants that I am the legal guardian or power of attorney of the above person, and have full authority to sign the above Release and Waiver, which I have read and approved. Further, I hereby release and agree to indemnify User from and against any all liability arising out of the exercise of the rights granted by the above Release and Waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of person signing for individual, and description of legal right to act for individual  
(attach any pertinent documents)