Authorization and Release for the Use and/or Disclosure of Protected Health Information for Marketing and Communications

I authorize the University of New Mexico Health Sciences Center to use or disclose specific information (described below) about
☐ **my** ☐ **my child's** ☐ **or** (provide relationship _____) medical condition.
The health information to be used or disclosed is described below.

Patient Information

Last Name	*First Name*	*Middle Initial*	*Date of Birth*	*Medical Record Number*

Address	*City*	*State*	*Zip Code*	*Phone*

Please indicate your permission by checking the following type of information that you agree to be used or disclosed in each of the sections below:
☐ Health information to be used or disclosed as a story in a University of New Mexico Health Sciences Center ("HSC") or University of New Mexico ("UNM") publication (print or electronic), the HSC or UNM web site, audio, video, television commercial or film.
☐ Photographs to be used or disclosed in HSC or UNM publications (print or electronic), video, advertising or film for marketing/public relations purposes.
☐ Health Information (described below) to be disclosed to the news media.

Description of the health information to be used or disclosed: _____
_____
_____

Media Releases and Public Relations
☐**Yes** ☐ **No** ☐ **N/A** I authorize members of the HSC Public Affairs staff and other HSC personnel to make and publish photographs, videos, or written/audio accounts that document my (or the patient's) medical condition or treatment in newspapers, magazines, other publication, television, motion pictures, Internet, or other media, which will be circulated to the general public for marketing, business, or any other purpose, or to provide access to members of the public media to do the same *(name of media outlet(s), if applicable:* _____.

I understand that there is a possibility that I (or the patient) may be identifiable in these photographs, videos, or written/audio accounts, though my (or the patient's) name will not be published unless I specifically agree below.

☐ **I DO** ☐ **I DO NOT** consent to the use of my (or the patient's) name with these photographs, videos, or written audio accounts

I release any and all rights or claims for payment or royalties in connection with any exhibition, televising, or other publications of these motion pictures, videotapes, or photographs, regardless of whether such exhibition, televising, or other publications are under philanthropic, commercial, or private sponsorship, and regardless of whether a fee of admission or film rental is charged.

I agree to release and hold harmless the University of New Mexico and the University of New Mexico Health Sciences Center, its regents, agents, officers, and employees from any liability related to the making or use of these motion pictures, videotapes, or photographs for the purposes stated above.

I understand that this Authorization is voluntary. I understand that I may refuse to sign this Authorization, and that my refusal to sign will not affect my/the patient's ability to obtain treatment. I understand that this Authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance of this Authorization. The revocation must be signed by me or on my behalf and sent to the address below.

I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health information.

Authorization for use in medical treatment or at a patient or family's request will not expire. Authorization for other uses and disclosures indicated above will expire 10 years from the date of signature. However, I acknowledge that the HSC and UNM are unable to control the continued use of photographs or videos by non-UNM or non-HSC personnel after expiration of this Authorization.

Signature of Patient/Legal Representative: _____ _____**Date:** _____
Relationship to Patient: _____

UNM Health Sciences Center Privacy Office, MSC 08 4760,
1 University of New Mexico, Albuquerque, New Mexico 87131-0001