

MEDIA AUTHORIZATION (PART I)

[This Media Authorization must be accompanied by a Media Waiver form X2893A]

Patient/Employee Name: _____ BD: ____/____/____

Phone: _____ E-mail Address: _____

Street Address: _____

City, State, Zip: _____

I authorize **Carle** to **release information** about me as described below.

1. Carle may use and disclose the information described below to the general public, through media, Carle publications or in other public venues including those listed in the Media Waiver form.
2. I understand that the **purpose** of the disclosure(s) is for Carle’s own marketing activities and/or general public information, awareness, or education.
3. **Specific Records and/or Information** to be disclosed verbally, in writing or electronically, as the case may be:

4. **Revocation, Re-disclosure, & Expiration.** I understand that I may revoke this authorization at any time by submitting a written request to the Marketing & Communications department unless Carle has already acted upon my authorization. I understand that my revocation only applies to uses and disclosures of my personal information by Carle. I further understand that any information already disclosed pursuant to this authorization is no longer protected by the laws and regulations applicable to Carle, and may, therefore, be subject to re-disclosure. Unless specified otherwise by me, this Media Authorization will have no expiration date.

(Optional expiration date/event. _____)

5. I understand that my authorization to disclose the above information is voluntary, and Carle will not condition the provision of treatment or payment on this authorization.

Patient/Employee Signature (or Parent/Guardian/Authorized Signature where applicable) _____
Date

Authority to Sign, if not the Patient/Employee

NOTE: This authorization may not be used for the marketing of outside parties’ products.

MEDIA WAIVER (PART II)**[Must be accompanied by a Media Authorization form X2893]**

I, (**print** patient/employee name) _____ BD: ____/____/____, have given my permission for Carle to make or produce photographs, written accounts and transcriptions, video recordings and transmissions, and/or audio recordings and transmissions of me/the patient, and reproductions of the same (collectively, “marketing pieces”), and have authorized those entities to use and disclose such marketing pieces and the information contained therein for the purposes described in my signed Media Authorization. I hereby waive any right to inspect or approve the marketing pieces, including but not limited to any photograph, video, advertising copy or printed matter that may be used. I agree that all reproductions including, but not limited to, plates, negatives, electronic images and other exposed film are and shall remain the property of Carle and may be edited and used in printed materials, sound films, audio and video tapes, radio and television broadcasts, internet and World Wide Web applications or otherwise, in accordance with the terms of my signed Media Authorization. On my behalf, and on the behalf of my child as applicable, I hereby release Carle, their licensees, agents, successors and assigns from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the above described material.

I have read the entire document, understand the contents, have had the opportunity to ask questions and willingly agree to the above conditions. This waiver will remain in effect indefinitely.

Patient/Employee Signature (or Parent/Guardian/Authorized Signature where applicable)

Date

Authority to Sign, if not the Patient/Employee