

UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS Permission to Release Information, Photographs or Videotapes- Patient	BIRTHDATE NAME REG NO
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Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ ID# _____ DOB _____

Permission to Release:

I give the University of Michigan **and agencies acting on its behalf** permission to release identifiable information about me including photographs, videos, electronic or other media ("items") through UMHS advertising, marketing or promotional materials or to any radio, television, internet, print or other media outlet. Yes No

The items may include detailed information about my medical condition, including **if applicable** information about mental health or substance abuse treatment, genetic testing and results, and HIV/AIDS, sexually-transmitted diseases and other serious communicable diseases. Yes No

The items may be used by the University including its public relations and marketing units and by the media indefinitely for educational, promotional, public relations, or marketing purposes. Yes No

Exceptions: The University may not disclose the following information under this release:

Liability Release: I understand that the released items may be disclosed to students or trainees, to various media outlets, and to the general public. Once released outside the University of Michigan, my information will no longer be protected. I release the University of Michigan, its agents, employees and any other persons involved with taking or producing these items from any and all liability that might arise as a result.

Revoking Permission: I understand I can revoke this permission at any time by contacting the UMHS Public Relations and Marketing Communications department at (734) 764-2220. However, the University has no control over disclosures made outside the University before I revoke my permission.

Release is Voluntary: I understand this permission is voluntary, I do not have to release my information, and whatever I decide will not affect my health care and will not affect my participation in any research study.

Signature: _____ Date: _____