

## HIPAA AUTHORIZATION FOR USE/DISCLOSURE OF INFORMATION AND CONSENT/USE OF PHOTOGRAPHS AND AUDIO/VIDEO IMAGES

LIFEPlan respects the privacy of our members, their families and staff ensuring that protected health information is kept confidential. LIFEPlan seeks your consent to use audio/video/photographic material of you in LIFEPlan internal and external communications, including publications and member education information, and to distribute online, in print, and in news media. To ensure that LIFEPlan is acting in accordance with your wishes, we ask you to fill out and sign this form. LIFEPlan will keep a copy of your written permission on file.

\_\_\_\_\_ **I give permission** to use my name and photo/video image, as a member in communications produced by or on behalf of LIFEPlan, This permission extends to print, film, and electronic versions e.g. LIFEPlan website, and other internet/electronic applications.

\_\_\_\_\_ **I give permission** to release my name and details of my services to the news and electronic media including, but not limited to internet/online publications, TV, radio, newspapers and/or magazines, etc.

\_\_\_\_\_ **I understand** that I am not entitled to payment or other form of remuneration as a result of any use of any information and audio/video/photographic material.

I understand that information about me used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting privacy of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state law.

I understand that I may revoke or withdraw this permission at any time to prohibit future use of my information. This authorization expires when I am no longer a member of LIFEPlan

### CONSENT FORM

**MEMBER'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

#### FOR PARENTS OF CHILDREN 18 AND UNDER, PLEASE SIGN HERE

**PARENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

#### FOR PERSONAL REPRESENTATIVES

I \_\_\_\_\_ REPRESENT THAT I AM THE GUARDIAN/PARENT/  
ADVOCATE OF THE ABOVE MEMBER. (INSERT YOUR NAME) (CIRCLE ONE OF THE ABOVE

**PERSONAL REPRESENTATIVE SIGNATURE:** \_\_\_\_\_