

Shoot Name: _____ Location: _____ Date: ____ / ____ / ____

☐ M ☐ F Age: _____ Note: _____ Rev 3/2015

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Name (PRINT): _____ Signature: _____

Address: _____ Date: ____ / ____ / ____

Email address (optional): _____ Phone: _____

If Participant is a Minor:

Relationship: _____ Name: _____ Date of Birth: ____ / ____ / ____

Witness:

Name (PRINT): _____ Signature: _____ Date: ____ / ____ / ____

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I, _____, hereby grant to Montefiore and Einstein, their employees and agents, permission to discuss the medical problems, diagnoses, treatment, progress and prognosis of myself (or my child _____ [INSERT NAME]), and to share or publish photographs, film and other images of me (or my child) with physicians, healthcare professionals and others, including members of the media and the general public, for educational, promotional, publicity, commercial and fundraising purposes, as well as for possible publication by Montefiore and Einstein in various media, including social media. The released information may be subject to re-disclosure by the recipient once Montefiore or Einstein has disclosed it. I understand that I am not required to sign this form authorizing the use or release of the information, and I may refuse to do so without any effect on my receipt of care at Montefiore. This authorization shall expire when the footage, photographs and other images are no longer used by Montefiore and Einstein for educational, promotional, publicity, commercial and fundraising purposes. I may revoke this authorization for any future disclosures of medical information at any time by notifying my attending physician or research study coordinator in writing, but my revocation will not affect disclosures of information that have already occurred. I understand that my (or my child's) medical treatment and payment for healthcare at Montefiore or Einstein will not be affected by or conditioned on whether or not I sign this document.

Name (PRINT): _____ Signature: _____

Address: _____ Date: ____ / ____ / ____

Email address (optional): _____ Phone: _____

If Participant is a Minor:

Relationship: _____ Name: _____ Date of Birth: ____ / ____ / ____

Witness:

Name (PRINT): _____ Signature: _____ Date: ____ / ____ / ____