



## Authorization for the use or disclosure of identifying images and information

I, \_\_\_\_\_, born on \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**OR**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_

born on \_\_\_\_\_, Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

give permission for the University of Kansas Medical Center (KUMC) to use or disclose photographs or other identifying images of me (or my child), and limited information about my (or my child's) medical condition. I will be asked to approve the medical information that is shared.

My (my child's) medical information and identifying images will be used to publicize and promote the activities of KUMC. Examples of uses include publicly available media articles, newsletters, brochures, and websites.

I may decline to sign this Authorization; declining will have NO effect on my treatment or services at KUMC.

I understand that some persons or groups who receive information about me or my child may not be required to complete with federal privacy laws. The health information will lose its federal protection if those persons or groups disclose it.

I have the right to cancel this authorization at any time in writing, except to the extent that it has already acted upon. I may cancel my authorization by writing to Communications at KU Medical Center, 3901 Rainbow, Kansas City, KS 66160-7104.

Unless I cancel it, my authorization for the initial disclosure remains in effect for one year. I understand that my images and information may remain in public use after the initial disclosure.

I will receive a signed copy of this authorization.

I, \_\_\_\_\_, have read the above information and authorize KUMC to use and disclose my information and identifying images for the above-stated purposes.

\_\_\_\_\_  
Signature of Patient/Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient/Client, if signed by the Legal Representative