



Authorization for use or disclosure of protected health information *for publicity*
COM0020 - Revised 10/16

As the parent or guardian of the minor child(ren) identified below, or as the patient (if 18 and above) I authorize Dayton Children's to use or disclose protected health information by allowing my child(or myself if over 18) to be:

- Photographed Videotaped Interviewed Recorded Other _____

Purpose of use/disclosure:

- Dayton Children's website and social media
 Dayton Children's publications, publicity, fundraising, displays and promotion
 Internal communications
 Media outlets or news agencies (such as TV, radio and newspapers) _____
 Other _____
 All of the above

By signing below I understand that:

- I am not required to sign this authorization and that *my child's care will not be affected* by whether I sign this authorization.
- News organizations are not covered by federal privacy regulations and that the information described here will likely be re-disclosed by the media and no longer be protected by the federal privacy regulations.
- As described in the Notice of Privacy Practices of The Children's Medical Center of Dayton, I may revoke this authorization in writing at any time, except to the extent that action has been taken by Dayton Children's in reliance on this authorization. I can send a written revocation to: Marketing Communications, One Children's Plaza, Dayton, OH 45404-1815.

Patient/child's name: _____

Patient/child's date of birth: ____ / ____ / ____

Parent's name (printed) _____

Parent's (or patient if over 18) signature: _____

Date: ____ / ____ / ____ (this release will expire 5 years from today's date)

Contact information (to be used only in regards to this release and the use of your/your child's image)

Phone Number: (____) _____ - _____ E-mail Address: _____

Address: _____

For Dayton Children's office use- Note to staff: Please return all forms to the marketing communications department

Event/location/purpose of photo or video: _____

Description of person/s photographed _____

Permission obtained by (employee signature) _____ Date ____ / ____ / ____