



**AUTHORIZATION TO INTERVIEW, PHOTOGRAPH, AND/OR AUDIO RECORD PATIENT, CLIENT, RESIDENT, OR EMPLOYEE AND PUBLISH PROTECTED HEALTH INFORMATION (PHI)**

I authorize representatives of Winnebago Comprehensive Healthcare System (“WCHS”) to interview, photograph, and/or audio record me on \_\_\_\_\_ at a WCHS facility. In general, this interview, photograph, image, likeness, name and/or audio recording is for the purpose of WCHS Public Relations. Therefore, I further authorize the above individual(s) to disclose otherwise confidential protected health information (PHI) gained during the interview as well as publish my photograph, image, likeness, name and/or audio recording made by or on behalf of WCHS representatives for the specific and limited purpose(s) below.

- The specific purpose of this interview, photograph, image, likeness, name, and/ or audio recording is for:

Health & Wellness Calendar

- I recognize that I may revoke this authorization at any time before, or even during, the interview, photograph, and/or audio recording, except to the extent that the interview, photograph, and/or audio recording has already taken place, and information gained during the interview, photograph, image, likeness and/or audio recording has already been relied upon or published. I may do so by telling my caregiver or interviewer during the session. Alternatively, I may revoke this Authorization by providing written revocation to the Communications Manager located at Twelve Clans Unity Hospital, 225 South Bluff Street, Winnebago, Nebraska 68071.
- I understand that, unless otherwise revoked, this Authorization shall expire when my photograph, image, likeness, name and/or audio recording is no longer used for promotional or educational purposes by WCHS or its affiliates.
- I understand that WCHS is not conditioning any treatment, payment, enrollment, or eligibility for benefits on whether I authorize this interview, photograph, image, likeness, name, and/or audio recording.
- I understand that my information is subject to the privacy policies of the media sites that host WCHS’s public relations activities, which are beyond WCHS’s control. However, WCHS does keep records of where and when my information has been used or posted for public relations activities, and such records are available upon my written request.
- I understand that any redisclosure of my information by those who will see, read, or become aware of my interview, photograph, image, likeness, name, and/or audio recording might not be protected by the federal and tribal privacy laws.
- I understand that WCHS will not sell or otherwise receive any remuneration for information gained during the interview, photograph, image, likeness, name, and/or audio recording.

Patient/Client/Resident/Employee Signature	Date-of-Birth	Date
Signature of Parent/Legal Guardian if Patient/Client/Resident/Employee is a Minor/Power of Attorney		Date