



WINNEBAGO COMPREHENSIVE HEALTHCARE SYSTEM

P.O. Box HH | 225 South Bluff Street | Winnebago, Nebraska | 402-878-2231



RELEASE FOR THE USE OF PATIENT’S, CLIENT’S, RESIDENT’S OR EMPLOYEE’S INTERVIEW, PHOTOGRAPH, IMAGE, LIKENESS, NAME, AND/OR AUDIO RECORDING AND TO PUBLISH PROTECTED HEALTH INFORMATION (PHI)

I hereby authorize Winnebago Comprehensive Healthcare System (“WCHS”) to use and disclose my interview, photograph, image, likeness, name, and/or audio recording that was made by or on behalf of WCHS or any of its affiliates, on \_\_\_\_\_ without any fee or compensation of any kind for the purpose of promotional and/or educational use by WCHS and/or its affiliates, including disclosures to the media and distribution to the general public for promotional and/or educational activities. Such disclosures may include release to radio, television, and newspapers, as well as other social media, which have their own editorial protocols, privacy policies, and information security -- all of which are beyond WCHS’s control.

- I release and relinquish to WCHS, any and all rights I may have in the use of such photograph, image, likeness, name, and/or audio recording, or any promotional material derived therefrom.
- I acknowledge that nothing in this Release obligates WCHS or any of its affiliates in any way to make use of my photograph, image, likeness, name, and/or audio recording and that WCHS (or its affiliates, as applicable) will have the final authority concerning the content, use, and distribution of the promotional and/or educational materials derived therefrom.

[Patients]

Please initial: \_\_\_\_\_ I acknowledge receipt of WCHS's Notice of Privacy Practices.

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