Authorization for Interviews and/or Images for Media Activities

1. I hereby authorize _____ (person or department) at **The University of Texas Medical Branch at Galveston (UTMB)** to use and/or disclose the images and/or health information of:

LAST NAME	FIRST NAME	M.I.

DATE OF BIRTH	TELEPHONE NUMBER

2. The following information can be used and/or disclosed: (check all that apply)
   - ☐ Any information obtained during an interview with the above-named person, including but not limited to health information, personal information and/or patient testimonial
   - ☐ Photographs or other images
   - ☐ Medical information about the patient's condition if requested by media. This may include copies of the medical record, conversations with attending physician(s) and/or copies of bills and finances
   - ☐ Other: _____
3. I authorize UTMB to disclose the information (as described above) to the public through any form of media (e.g. university publication, newspaper, TV, magazine, Internet, film, etc.), or as otherwise specified below.
4. I understand the purpose(s) of the requested use or disclosure is (are) as follows: (check all that apply)
   - ☐ General publicity (brochures, fliers, posters and other collateral materials)
   - ☐ UTMB publications and/or web site (www.utmb.edu)
   - ☐ News related to TV, radio or print media inquiries
   - ☐ Other: _____
5. I understand this authorization is voluntary and I may refuse to sign. UTMB may not withhold treatment based on the completion of this authorization.
6. I understand that I may revoke this authorization at any time by notifying in writing and expressing to UTMB's Office of University Advancement, 301 University Blvd, Galveston, Texas 77555-0144 of my intent to revoke this authorization. I understand that such a revocation will have no effect on information already used or disclosed by UTMB prior to UTMB's receipt of my written notice of revocation.
7. Unless otherwise revoked, I understand that this authorization will expire when the information is no longer useful to the education, patient care or research missions of UTMB, at which time the information will be destroyed.
8. I understand that the information disclosed pursuant to this authorization may be re-disclosed by the end user (e.g. media outlet) and no longer protected by federal or Texas privacy laws.
9. I release the UTMB and the University of Texas System and its Regents, officers, agents and employees from any and all liability connected with use or disclosure of this information in the media application(s) listed above.
10. I give my consent in the interest of public information, for the furtherance of education, patient care and the research goals of this institution, or for other lawful purposes.
11. I waive all rights, interest or claims for payment in connection with any exhibition or release of this information in the media application(s) listed above.
12. If I am being treated for drug or alcohol abuse, a mental health or psychiatric disorder, or acquired immunodeficiency syndrome or human immunodeficiency virus, I understand that information regarding my condition may be used.
13. I understand that UTMB may choose to copyright images or printed matter for its own benefit and may decide to protect unauthorized users from further using or reproducing the images or printed matter.

_____ INDIVIDUAL SIGNATURE OR AUTHORIZED LEGAL REPRESENTATIVE

_____ DATE

_____ PRINTED NAME OF LEGAL REPRESENTATIVE/GUARDIAN

_____ LEGAL REPRESENTATIVE'S/GUARDIAN'S RELATIONSHIP TO INDIVIDUAL

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