



## **AUTHORIZATION FOR USE OF HEALTH INFORMATION FOR PUBLIC RELATIONS AND OTHER MEDIA RELATIONS PURPOSES**

### **Purpose of this Form:**

USC<sup>1</sup> is committed to protecting the privacy of your health information. The Health Insurance Portability and Accountability Act (HIPAA) gives you protections regarding the use and release of your health information, in addition to those protections that already exist under California law. This federal law requires that we give you this authorization form for your review and signature.

### **Authorization to Use Health Information:**

This authorization permits USC, including your physician or healthcare providers, to discuss your case and the treatment you received with individuals or entities who are preparing an article, broadcast story, film or marketing product, for purposes of communicating or marketing health related services for USC.

You may be photographed or filmed, or your voice recorded, by representatives of USC or by the media representative directly. You understand that your name, your picture, or other details that would disclose your identity may be revealed.

By signing this authorization, you waive any right to compensation for such uses, and you and your successors or assigns also release and hold harmless USC from and against any claim for any injury in connection with the use, copying distribution or display of your image, voice, likeness, name or any other identifying characteristics in the broadcast or publication and any compensation resulting from the activities authorized by you in this authorization.

### **How long will this authorization be in effect?**

This authorization will remain in effect for a period of five (5) years from the date of my signature below.

---

<sup>1</sup> For purposes of the HIPAA Privacy Rule, USC includes those entities that comprise Keck Medicine of USC, including but not limited to, USC Norris Cancer Hospital, Keck Hospital of USC, USC's employed physicians, nurses and other clinical personnel, those units of USC that provide clinical services within the Keck School of Medicine, School of Pharmacy, the Herman Ostrow School of Dentistry, Physical and Occupational Therapy, Suzanne Dworak-Peck School of Social Work, as well as USC Care Medical Group, affiliated medical foundations of Keck and their physicians, nurses and clinical personnel, Engemann Student Health Center, Eric Cohen Student Health Center, USC Verdugo Hills Hospital, its nurses and other clinical personnel, Verdugo Radiology Medical Group, Verdugo Hills Anesthesia, and Chandnish K. Ahluwalia, M.D., Inc. and those units that support clinical and clinical research functions, including the Offices of the General Counsel, Audit and Compliance.

**What if I don't want to sign, or later change my mind?**

Signing this form is entirely voluntary. If you don't sign, this will not affect the commencement, continuation or quality of USC's treatment of you, or your eligibility for benefits. If you change your mind at any time, you can revoke this authorization by sending a written notice to Keck Medicine of USC Marketing and Communications stating that you are revoking your authorization. The notice should be sent to: **2011 N. Soto Street, SST-2830, Los Angeles, CA 90032**. It will be effective upon receipt.

**Please print your contact information** in the event that USC needs to contact you regarding this authorization:

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone / Email Address: \_\_\_\_\_

**Are the individuals who receive my health information pursuant to this authorization permitted to use or disclose it for other purposes?**

USC will not use or disclose your health information pursuant to this authorization for other purposes except with your written authorization or as specifically required or permitted by law. However, you understand that you are authorizing the disclosure of your health information for media publication. Once disclosed, federal privacy protections would not apply.

**Questions?** The address of USC's Office of Compliance is 3500 Figueroa, Suite 105, Los Angeles, CA 90089-8007, and you may contact the Office of Compliance by telephone at 213-740-8258 or by email at [compliance@usc.edu](mailto:compliance@usc.edu).

**I have read and understand the terms of this authorization** and I have had an opportunity to ask questions about USC's use of my health information for possible use in broadcast or publication. I hereby knowingly and voluntarily consent to USC using my health information for the purposes stated herein.

\_\_\_\_\_  
Signature of Individual/Patient

\_\_\_\_\_  
Date

If Individual/Patient is unable to sign this Authorization, please complete the information below:

---

Name of Legal Guardian/Personal Representative

---

Legal Relationship

---

Date

**You will be provided with a signed copy of this authorization.**