SANFORD

Permission to Use Your Information or Image

Information about you and your health is personal, and Sanford is committed to protecting the privacy of that information. When we want to share your information for the public to see or hear, we have to ask for your written permission (authorization). If you let us use your private information, you can ask how it will be used. You can also ask to stop the interview, recordings, films or photos at any time. People will likely know it is you in the promotion, so please read this form carefully and ask any questions you have before signing it.

I, _____, give written permission for Sanford Marketing and Media Relations and/or their representatives to use and/or share health information about me for:

- ❑ Sanford promotional purposes
- ❑ Learning/Educational purposes
- ❑ Local and national media
- ❑ Other: _____

Information about me to be used and/or shared includes:

- ❑ My appearance on photographs, films, audios or videos (or any other image)
- ❑ Information gathered through interviews with me or physicians and others involved in my care by Sanford staff or news reporters
- ❑ Other: _____

The information checked above becomes Sanford's property or property of a news agency, and it may be used until Sanford or the media no longer want to use it. Once the information is shared, it is no longer protected under federal and state privacy laws and may be subject to re-disclosure. Sanford will not receive payment of any kind for the use of your information.

Signing or refusing to sign this will not affect your care in any way. This permission does not include any promise to pay you. After you sign the permission form, you may change your mind unless the information has already been used or shared.

Please contact Sanford Marketing at 701-234-6366 (Fargo Office) or 605-328-7062 (Sioux Falls Office) if you change your mind and do not want to give us permission to use your information. This authorization will expire one year from the date of signature or _____, whichever is sooner.

Comments:_____

_____	_____
Patient Name	Date of Birth
_____	_____
Signature of Patient or Personal Representative	Date Time
_____	_____
Name of Personal Representative (if applicable)	Relationship to Patient
_____	
Witness/Organization Representative	

Disbursement: White - HIM; Yellow - Marketing; Pink - Patient

Name _____
Address _____
_____
Phone _____