

Patient Consent for Use of Photo in Publication

I _____, understand that my image and shared experience will be published by LearnHealth Inc. I also understand that this publication will be made public on the world wide web and will be available to the general public.

HIPAA Notice of Privacy Practices

By signing this form, you consent to our use and disclosure of your shared patient experience in our publication and related marketing materials. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures that we have already made in reliance on your prior Consent. LearnHealth Inc. provides this form to comply with the Health Insurance Portability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for public information and education.
- LearnHealth Inc. reserves the right to restrict the uses of the information, but does not have to agree to the restrictions.
- The patient may revoke Consent in writing at any time and all future disclosures will then cease.

I, _____, **Consent to the use of my name and story in publication and marketing materials.**

Patient Name (Printed)

Patient Signature/Date

Name as it should appear in print

I, _____, **Consent to the use of my story in publication and request that my name be omitted from print.**

Patient Signature/Date