



**HIPAA & MEDIA RELEASE
AUTHORIZATION FORM**

HALO-Flight respects the privacy of our patients, individuals, and staff. Ensuring medical information is kept confidential is among our highest priorities. HALO-Flight seeks permission to use medical information and audio / video / photographic material of you in HALO-Flight’s internal and external communications, including distribution of such materials online, in print, and in news media (such as TV, radio, newspapers, and magazines).

I understand that information about me or my child used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting privacy of an individual’s health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable federal and state law.

I understand I will not be compensated for the use of any images or my likeness that is used in any social media platforms. I also understand that HALO-Flight is not liable to notify photographers / agencies of the use of these photos, and it is between myself and the photographer to discuss the distribution rights of any images.

To ensure that HALO-Flight is acting in accordance with your wishes, and using your personal information with your authorization, please fill out and sign this form. HALO-Flight will keep a copy of your written permission on file.

Individual / Patient Name:	
Signature:	Date:
Address:	
Phone:	Email:

If signing on behalf of a minor, please sign below.

Parent / Guardian Name:	
Signature:	Date:
Address:	
Phone:	Email: