

Media Release Form

Consent to be in Mosaic Community Health ("Mosaic") News Stories, Educational Materials or Promotions



I consent to be:

- Photographed or videotaped Interviewed (by Mosaic or news media) Identified by name
 Other: _____
 All of the above

I consent to be included in the following:

- Public news media (including print, such as newspapers/magazines, and/or broadcast, including TV/radio/Internet)
 Mosaic's marketing, public relations and educational materials
 Social media or websites (including Mosaic website, blog, Facebook, Instagram, LinkedIn, YouTube)
 Archives and historical displays Other: _____
 All of the above

I understand that:

- My signature on this release is strictly voluntary. No treatment is conditioned on whether I sign this release; if I do not sign it, my healthcare and the payment for my healthcare will not be affected.
- I will receive no compensation for my participation, and will be given a copy of this release after I sign it.
- This release expires when withdrawn (as described below) or in 100 years, whichever occurs first, and the materials may be retained indefinitely.
- I have a right to withdraw my consent at any time by contacting Mosaic Communications in writing, except to the extent action has been taken in reliance upon it. I understand and agree that marketing or other materials/content created before this release expires may be difficult to retrieve or delete and may still be used by Mosaic, and that any images/video/content created are Mosaic's property.
- By signing this form, the personal healthcare information I relay to an outside source is no longer protected by state and federal privacy laws and may be re-disclosed by that source.
- I understand that, in the instance of outside sources (such as the news media), Mosaic is acting only as the intermediary, making it possible for the outside source(s) to contact me, and that Mosaic cannot be responsible for the content creation of third parties. I agree to hold Mosaic and its directors, officers and employees harmless from any and all liability arising out of the use or release of my name, information, interview, content or photograph/videotape/film pursuant to this release, and any subsequent publication, broadcast or reposting of that content.

The undersigned agrees that Mosaic may use and permit other persons to use the consented-to materials for purposes including, but not limited to, dissemination to Mosaic staff, health professionals and members of the public for educational, marketing and public relations-related purposes. Such use is subject only to the following limitations (list, if any): _____

Name: _____

Name of Guardian (if under 18): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

I understand that by signing this form, I give Mosaic consent as described above.

Signature: _____ **Date:** _____

STAFF USE:

Location (where photos/video taken): _____

Purpose: _____