



Hennepin Healthcare System (HHS) Public Relations Authorization Form

*Used to authorize audiotaping, videotaping, photographing and disclosing patient health information.
This form applies to activities of HCMC, MVNA, and Hospice of the Twin Cities (HOTC). 180-01099 (3/18)*

I, _____ hereby authorize the release of information about
_____ (patient) in connection with:

- PUBLIC RELATIONS PROGRAM (e.g. print and electronic news media, radio news, promotional materials, social media)
- ADVANCEMENT OF MEDICAL EDUCATION (e.g. teaching, journals)
- PERSONAL REQUEST
- OTHER: (specify) _____

The taking of said materials is voluntary and the manner in which these will be used has been explained to me. Any restrictions that apply are described below.

RESTRICTIONS

- NONE
- YES – specify: I place the following restrictions on the use of audiotapes, videotapes, photographs:

By signing this form, I also authorize HHS/HCMC/MVNA/HOTC health care staff (physicians, nurses, etc.) to:

- respond to questions from reporters about my health care and/or condition;
- include information about my health care and/or condition in public relations materials (e.g. newsletters, magazines, brochures, web site)
- release the following information about my health care and/or condition:

Patient/Authorizing Person's Signature: _____ **Date:** _____

Relationship to Patient: _____

Signature of Witness: _____ **Date:** _____