Consent Form

UnityPoint Health

Patient Authorization for Photographs, Video Recording, Prepared Statements and Interviews

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that the released information may no longer be protected by federal privacy regulations and could be subject to redisclosure. This form does not authorize redisclosure of medical information for mental health, substance abuse or HIV-related information beyond the limits of the consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and the state requirements or (Iowa Code ch.228) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civic and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

I hereby authorize (check as many as apply):

- ☐ A representative of UnityPoint Health or its Business Associates
- ☐ My physician
- ☐ Other: _____

To do the following (check as many as apply):

- ☐ Take photographs of me.
- ☐ Record me on audio tape or videotape.
- ☐ Work with me to prepare a personal statement.
- ☐ Conduct an interview with me, which may include questions about my condition and care. I will have personal control over the health information I disclose.
- ☐ My physician may release certain information about my treatment or care: (specify):_____

☐ **This information may be released to:** An outside news organization(s)

_____

For this purpose:

_____

Photographs and recordings may be used for single or multiple purposes in any print publication or electronic media (including but not limited to newspapers, television broadcasts, radio broadcasts, magazines, brochures and web sites) as approved by Iowa Health System – UnityPoint Health, its Affiliates, its Business Associates and/or the outside news organization(s) specified above. This includes both publications and electronic materials prepared by Iowa Health System – UnityPoint Health or its Affiliates, its Business Associates, as well as outside news organizations.

I understand that I will not have ownership or inspection rights to review or approve the final product or use.
I realize I will receive no payment in connection with any publication or use of these photographs, video or audio recordings or statements, and I waive any claims that I or others have for such payments.
This form has been explained to me—or I have read and fully understand this form—and all questions that I have been asked have been answered to my satisfaction. I understand that I have a right to receive a copy of this authorization, and that a copy will be provided to me if I request one.

The patient or patient's representative must read and initial the following statements:

- I understand that my health care and the payment for my health care will not be affected if I do not sign this form.
  Initials: _____
- I understand that I have the right to revoke this authorization at any time by sending a written request to revoke my consent to the UnityPoint Health Privacy Officer at 1776 West Lakes Parkway, Suite 400, West Des Moines, IA 50266 Attn: Privacy Officer. I also understand that if UnityPoint Health has created any materials in reliance on this authorization, my revocation will not impact these prior disclosures. For all new materials that may be created, this authorization will expire ten (10) years after the date of my signature below.
  Initials: _____

Patient/Legal Representative PRINT:

_____

If Representative, relationship to patient:

_____

Signature:

_____

Date and Time:

_____

Witnessed By:

_____

Signature:

_____

Patient Label

Effective February 2016 PR-01
Copies to Patient, Patient Record, PR