

Release Agreement



I, _____, permit Priority Health ("Company") and its employees, licensees, affiliates, contractors, successors, subsidiaries, and assigns ("Company") to create and/or obtain and use my photograph, my voice and/or my body, quotes/excerpts of my written or verbally expressed words, my name, alias, biographical information, a video and/or audio recording or other likeness of myself ("My Likeness") for the reasons listed below. I understand My Likeness may include "protected health information" (PHI) about me. I understand that other information about my health (PHI) may be included with or attached to My Likeness.

My Likeness may be used, shared, and/or given out for these reasons (check all that apply):

- To advertise or promote
- To teach the general public about health care
- Other purpose(s) list here: _____

I understand My Likeness may be copied or reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, social media, radio transmission/retransmission, news releases, emails, mailings, billboards, signs, brochures, placement on websites and/or other electronic delivery, publication, and/or physical display. I also understand that My Likeness may be subject to reasonable modification or editing. I waive any right to inspect or approve the finished product or material in which Company may use My Likeness. This Release Agreement shall continue forever until I revoke the Release Agreement in writing.

I understand that Company may receive money or other benefits from using My Likeness. I understand that I do not own the materials of My Likeness that are created, used, and disclosed as described in this Release Agreement. I also understand that I do not have any right to payment of benefit from the use of My Likeness.

I understand that once My Likeness is released pursuant to this Release Agreement, Company cannot prevent the re-disclosure of that material. I release Company from any and all liability arising directly or indirectly from disclosure permitted by this Release Agreement and/or any re-disclosure of that material.

I release Company from any and all liability, claims, demands, and causes of action of any nature, including but not limited to claims of negligence against Company from or in any way related to the release of My Likeness.

I understand that I can revoke (cancel) this Release Agreement at any time. If I want to cancel this Release Agreement I must send that request in writing to: Priority Health, Chief Privacy Officer, 100 Michigan St. NE, Grand Rapids, MI 49503 or via email at privacy@priorityhealth.com. If I do revoke the Release Agreement, it will not have an effect on any actions taken prior to receiving the revocation.

I know that I do not have to sign this form. I understand that Company cannot require that I sign this form as a condition of my eligibility for benefits.

I have read and understand the conditions of this Release Agreement.

Signature _____
Printed or typed name _____
Date

Address _____
City/State/Zip _____
Phone

Consent of Parent/Legal Guardian required if above individual is a minor.

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and conditions on his or her behalf.

Signature _____
Printed or typed name _____
Date

Address _____
City/State/Zip _____
Phone