MEDIA CONSENT FORM

Memorial Sloan-Kettering Cancer Center

AUTHORIZATION TO USE AND DISCLOSE
HEALTH INFORMATION FOR A
MEMORIAL SLOAN-KETTERING CANCER CENTER
PUBLICITY PURPOSE

Patient/ Graduate Name: _____

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before we may use or disclose your protected health information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION

A representative from the Memorial Sloan-Kettering Cancer Center Department of Public Affairs must fully answer any questions you may have regarding this form. DO NOT SIGN A BLANK FORM. You or your personal representative should carefully read the descriptions below before signing this form.

Who will disclose the information? Health information about you that is used for a Memorial Sloan-Kettering Cancer Center publicity purpose will only be obtained from you, your treating physician, or another healthcare professional who contributed to your care or treatment at Memorial Sloan-Kettering Cancer Center.

Who will use and/or receive the information? Your health information will be received and used by the Memorial Sloan-Kettering Cancer Center Department of Public Affairs.

What information will be used or disclosed? Please indicate the health information that will be used and disclosed in the Memorial Sloan-Kettering Cancer Center publicity activity, and the source of that health information (e.g., medical record, interview, photographs, audio or audiovisual_recordings).

If present at the Convocation Ceremony, Wednesday, June 8, 2011: Photographs, Audio-Visual Images, Interview, Name, High School, Town in Which High School is Located.

If not present at the Convocation Ceremony, Wednesday, June 8, 2011: Name, High School, Town in Which High School is Located.

If you do not want any material published, please write "DECLINE" at the top of the consent.

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What is the purpose of the use or disclosure? The health information described above will be used for a Memorial Sloan-Kettering Cancer Center publicity purpose. Please indicate below the type of publicity activity for which you authorize the Memorial Sloan-Kettering Cancer Center Department of Public Affairs to use or disclose that information. The Memorial Sloan-Kettering Cancer Center Department of Public Affairs will only use and disclose your health information for the purpose you expressly indicate below.

Type of Publicity

×	Memorial Sloan-Kettering Cancer Center Publication:	Center News, News9 (Name of Publication)
×	Memorial Sloan-Kettering's public Web Site and other social media outlets like Facebook or YouTube	
×	Memorial Sloan-Kettering Cancer Center's communication with, or advertising in, a media outlet (newspaper, television, radio, etc.):	New York City Board of Education Administrators, and possible newspaper, magazine, television, or other outside media featuring our 2011 Convocation Ceremony. (Name of media outlet)
×	Displays and Bulletin Boards in Public Areas	
×	Other	Photo CDs and Scrapbooks Retained in MSKCC Dept. of Pediatrics used for conference and donor events. (Specify Use)

When will this authorization expire? This authorization expires at the termination of the specific publicity activity in which you have agreed to participate. A publicity activity terminates when the health or other information being transmitted through that activity is no longer relevant or useful to Memorial Sloan-Kettering Cancer Center's publicity operations. For example, by agreeing to have your health information used and disclosed in a Memorial Sloan-Kettering Cancer Center newsletter, you are authorizing Memorial Sloan-Kettering Cancer Center to continue to distribute that newsletter until the information contained therein is no longer relevant or useful to MSKCC's publicity operations, as might occur if the information is

later determined to be incorrect or outdated. Following the expiration of this authorization, no further use or disclosure of your health information, photographs, audio or audiovisual recordings will be made by Memorial Sloan-Kettering Cancer Center, unless authorization for such additional use or disclosure has been expressly provided by you or your personal representative.

Please be advised that following a Memorial Sloan-Kettering Cancer Center publicity activity, your health information may be picked-up and then used and disclosed by other people, entities and media who are not connected to Memorial Sloan-Kettering Cancer Center. For example, Memorial Sloan-Kettering Cancer Center can't limit the amount of time the media may use footage or photographs for future print publications and broadcast, does not have final control over the use or distribution of such materials, and cannot guarantee that other entities will not capture and display on their own website information that you have authorized to appear on Memorial Sloan-Kettering Cancer Center's web site, despite Memorial Sloan-Kettering's copyright.

Can I revoke this authorization? You can revoke this authorization at any time before we have relied upon it, but we may use and disclose your health information to the extent that we have relied upon your authorization. Our reliance on your authorization begins as soon as the Memorial Sloan-Kettering Cancer Center Department of Public Affairs has completed the work-product that is the subject of the publicity activity. For example, in the case of a Memorial Sloan-Kettering Cancer Center newsletter, you can revoke your authorization to have your health information published in that newsletter at any time before that newsletter has gone to press. Anytime thereafter you may no longer revoke your authorization, as we will have submitted the completed newsletter to the printers in reliance on your authorization. Because Memorial Sloan-Kettering Cancer Center Department of Public Affairs puts a lot of time, energy and resources into conceiving and developing publicity activities, we ask that you write to [insert name of responsible person or department] as soon as possible after having deciding to revoke your authorization.

SPECIFIC UNDERSTANDINGS

By signing this authorization form, you authorize the use or disclosure of your protected health information as described above. This information may be redisclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information, and such information is no longer protected by federal health information privacy regulations.

You have a right to refuse to sign this authorization. Your health care, the payment for your health care, and your health care benefits will not be affected if you do not sign this form.

You also have a right to receive a copy of this form after you have signed it.

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SIGNATURE

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

If graduate is under 18 years old on June 9th, 2010, a parent or guardian must also sign the consent.

_____	_____
Signature of Graduate	Signature of Guardian
_____	_____
Print Name of Graduate	Print Name of Guardian
_____	_____
Date	Date
	_____
	Description of Guardian's Authority

CONTACT INFORMATION

The contact information of the patient or personal representative who signed this form should be filled in below.

Address:
_____
_____
_____
_____

Telephone:
_____ (daytime)
_____ (evening)

Email Address of Graduate:
_____

A COPY OF THIS FORM MUST BE PROVIDED TO THE PATIENT OR TO HIS OR HER PERSONAL REPRESENTATIVE AFTER IT HAS BEEN SIGNED