



**AUTHORIZATION TO USE AND/OR DISCLOSE HEALTH INFORMATION FOR
SPECIFIC PAID ADVERTISING**

I, _____, *(printed adult(s) name)* and on behalf of my
child/ren _____ *(printed child/ren name)*

- authorize Concordia to copyright and/or use, reuse, and/or publish, and/or republish photographic pictures, portraits, or videos of me for the sole use of Concordia for specific paid advertising such as a billboard, print ad, television commercial, or for internet/website advertising, social media, with the following purpose:

Miscellaneous advertising/promotional use, as outlined above.

- do not authorize Concordia to copyright and/or use, reuse, and/or publish, and/or republish photographic pictures, portraits, or videos of me for the sole use of Concordia for specific paid advertising such as a billboard, print ad, or television commercial, or for internet/website advertising, social media, with the following purpose:

Except to the extent that action has already been taken in reliance upon this authorization, I understand that I may revoke this authorization at any time by giving written notice to the Administrator. Unless revoked earlier, this authorization will expire _____ *(document an applicable date, event, or "none specified")*

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment, or eligibility for benefits.

I also understand that, if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

I understand that I am not to be compensated in any way.

Signature *(Adult)*

Date

Signature *(Minor 14+ if applicable)*

Date

