



Roswell Park Cancer Institute
Elm & Carlton Streets · Buffalo, NY 14263

Release Authorization

I authorize Roswell Park Cancer Institute (RPCI) to produce, use, disclose, display and/or reproduce, in color or otherwise, feature stories, articles, photographic portraits, pictures or videotapes of me, including still, single, multiple or moving, in which my voice, quotes by me, all or parts of my face or body appear ("the Photograph/Article") and to modify, disclose or use a portion or portions of such Photograph/Article, alone or with any other photographic, audio, artistic or written information, including _____, for the following purposes:

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I understand that I have a right to revoke this authorization at any time by presenting my written revocation to the Health Information Management Department. Unless otherwise revoked, this authorization will expire on the following date, event or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in five years.

I understand that authorizing the disclosure of this information is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment at RPCI. I understand that I may inspect or copy the written information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for re-disclosure and the information may then not be protected by Federal confidentiality rules. I acknowledge and agree that any photograph, videotape, publication and/or negatives and other descriptive material connected therewith created by RPCI pursuant to this Authorization shall be and remain the property of RPCI. RPCI will not receive compensation for using/disclosing information as authorized herein.

If I have questions about disclosure of my health information, I may contact the Privacy Officer or the Health Information/Medical Record Department at 845-5990.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Telephone Number: _____

Mailing Address: _____

E-mail Address (optional): _____