

**Authorization to Use and Share Health Information for Non-Health Care Purposes**

You have received health care services at one of the following Baylor Clinics:

Baylor Autism Resource Center      Baylor Pharmacy      Baylor Psychology Clinic  
Baylor Speech and Hearing Clinic      Baylor Sports Medicine      Baylor Student Health Services      Piper Center

Baylor and your health care provider would like to use your information for marketing, promotional or other non-health care related uses such as training, conference presentation materials or research seminars, and seeks your permission to use the following:

Photo/Digital Image      Video recording      Audio recording      Diagnosis, treatment and progress data

If you authorize us to use this information, we may edit it, translate it, or use only part of it, or we may not use it at all. These promotional materials may be distributed publicly in a variety of ways, such as:

- We may post information on Baylor University websites (www.baylor.edu) and other internet sites;
- If your information includes, videos, we may post videos of you during your treatment on the internet (e.g., YouTube) or on social media such as Facebook and Instagram
- We may use your Health Information in a podcast, webcast, broadcast or other form of electronic distribution We may include your Health Information in printed materials
- We will not use your full name, but people who know you may recognize you.

Federal and state law require that your protected health information be kept confidential unless you authorize a disclosure. If used in such a disclosure, your information will be public and will not be subject to the same required privacy protections. Notwithstanding, Baylor will continue to use its best efforts to maintain privacy consistent with this authorization.

**YOUR PARTICIPATION IS COMPLETELY VOLUNTARY** and you will not receive any payment for allowing us to use and disclose your information. Likewise, you do not have to agree to let us use or disclose your information. Your decision (yes or no) will not affect your ability to obtain health care.

This Authorization will expire 1 year after the date you sign it, if you do not revoke it prior to that time. After 1 year, we will not use your information in any new materials; however the existing materials may still be publicly accessible.

**RELEASE:** Your signature below confirms you agree to waive any right to inspect or approve of the promotional materials. Your signature below also confirms you release Baylor, your health care provider, and all of their employees and agents from all legal claims or damages relating to the use of your Health Information as authorized herein.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship (if not patient) \_\_\_\_\_

Date \_\_\_\_\_

**YOU MAY REVOKE THIS AUTHORIZATION:** If you wish to revoke this authorization, send a written notice to:

Baylor University HIPAA Privacy Officer  
One Bear Place Box 97034  
Waco, Texas 76798-7034

If you take back your authorization, it will not affect actions we took before we received your letter or any publications already printed, posted or distributed.

If you sign this form, you are agreeing to allow your Baylor Healthcare Provider and Baylor University use and/or disclose your health information as described above.