



AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION
DIAKON COMMUNICATIONS – PUBLICATIONS AND MARKETING MATERIALS

I, _____ (name of Consumer/Volunteer), authorize Diakon Lutheran Social Ministries (DLSM) to use or disclose the following protected health information (PHI):

(Consumer/Volunteer MUST initial each use or disclosure Consumer/Volunteer wishes to authorize)

- _____ my name;
- _____ the fact that I am a consumer/volunteer of the following Diakon facility/program: _____;
- _____ my photograph or videotake image; and/or
- _____ other (please describe – this may include more detailed PHI to be used/disclosed in an article for external marketing materials, Diakon newsletters, Dialog, etc.) _____

Purpose of Use or Disclosure:

This PHI may be used or disclosed as follows:

(Consumer/Volunteer MUST initial each type of use or disclosure Consumer/Volunteer wishes to authorize)

- _____ in Diakon’s marketing materials (displays for synod assemblies, brochures, website, etc.)
- _____ in Diakon’s newsletters, Dialog, etc.
- _____ other (please describe) _____

I understand that Diakon’s newsletters, marketing materials, website, advertisements, etc., are published and disseminated to the public and will be read by individuals who are not covered by federal privacy regulations and who may potentially re-disclose my PHI.

I further understand that I may refuse to sign this authorization and that Diakon and its facilities and programs will not condition service upon receipt of my authorization.

Finally, I understand I may revoke this authorization in writing at any time, except to the extent that my PHI has been used or disclosed to create marketing materials, publications, etc. or other action has been taken in reliance upon this authorization. I understand that Diakon will not sell my PHI to any third parties.

I do not give permission for my photo to be taken.

Signature of Consumer/Volunteer or his/her legal representative

Date

Print Consumer’s/Volunteer’s name

Print name of legal representative (if applicable)

Relationship to Consumer/Volunteer

(A copy of this signed form must be given to Resident/Client) HIPAA Authorization – communication and marketing material