125 MAY STREET | EDISON, NJ 08837 | PHONE 732-661-0202 | MTFBIOLOGICS.ORG

Authorization for Release of Information for Communications Media

Name:
Address:
City/State/Zip:
Phone: Home: Cell:
Email Address:
Type of Protected Health Information to be Disclosed:
☐ Personal story and/or written description of experience
□ Personal photos, videotapes, x-rays, or audiotapes□ Other
I hereby give permission to <i>MTF Biologics (MTF)</i> to use and disclose personal information listed above (personal story and/or written description of experience, photos, videotapes, audiotapes, or other) for the purpose of marketing, educational publications, and other media purposes (including but not limited to, radio, television, print media, the internet, for exhibition, advertising, and educational conferences). I understand that, to the extent authorized above, I am waiving any confidentiality of my personal health information and releasing any and all rights associated with materials or information disclosed pursuant to this authorization. I hereby waive any right to inspect and/or approve the finished product to be published. I am aware that, unless otherwise stated, I will not receive payment.
I understand that the above information and materials may be used indefinitely, and the precise manner in which the information and materials may be used cannot be controlled by MTF . This authorization will remain in effect until I revoke it in writing. I understand that I have the right to revoke this authorization, but only to the extent that MTF and/or the media organization listed herein have not already relied on this authorization. I may revoke authorization of new or additional information not previously released by providing a written statement to MTF at the address provided on this form.
acknowledge that I have read and fully understand this release and its contents.
Printed name: Signature:
Relationship if a minor: □Adult child □ parent □ legal guardian □ next-of-kin
Date: