

# University of Maryland Medical System

## Authorization for Use of Patient Information and/or Photographs/video

(For Medical Training/Education, Public Relations, Communications or Promotional Purposes)



The University of Maryland Medical System and its affiliated hospitals, including UM Harford Memorial Hospital and UM Upper Chesapeake Medical Center, strive to inform the public about health care advances. We are also committed as part of our mission to educate and train the next generation of health care professionals. We appreciate the help of our patients who are willing to share information about their care in order to assist us in these efforts.

We respect the privacy of our patients and the confidentiality of patient medical information. We need your authorization before we can use information or photographic/video images about your health care for medical training/education, public relations, communications or promotional purposes.

By signing this form, you give the University of Maryland Medical System, its affiliated hospitals, and the University of Maryland School of Medicine and Faculty Physicians Incorporated (FPI) permission to share your name and details about your medical care with members of the news media, and those working for us on publications, news releases, educational projects or web site stories.

You also authorize us to use and distribute photographs relating to your care, and photographs, videotapes, interviews and audiotapes of you for the above stated purposes.

You may place restrictions on what material we can use or where it can be used by stating those restrictions below. Your medical care will not be affected by your decision about whether or not to sign this form. Once the information is released, we do not have control over how it is further used or shared.

This authorization is valid in perpetuity from the date it is signed unless withdrawn by notifying us in writing at the address below. If authorization is withdrawn, UMMS will discontinue use of the image/information but UMMS cannot rescind prior disclosures it has already made. UMMS has no control over the public's usage of information once it is released, and is not responsible for third party use of information/images as a result of prior disclosures.

You may withdraw your permission by contacting us in writing at the following address:

Marketing and Public Relations  
University of Maryland Upper Chesapeake Health  
2027 Pulaski Highway, Suite 204  
Havre de Grace, MD 21078  
marketing@uchs.org

**I wish to place the following restrictions on this authorization:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Signature of patient (or legal representative/parent if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient if legal representative: \_\_\_\_\_

Signature of UMMS authorized representative/witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of UMMS representative/witness: \_\_\_\_\_

THE ORIGINAL OF THIS FORM IS TO BE PLACED WITH THE PATIENT'S MEDICAL RECORD. ANOTHER COPY IS TO BE PROVIDED TO THE PATIENT, AND THE THIRD COPY MUST BE FILED IN THE UM UCH MARKETING AND PUBLIC RELATIONS OFFICE (Scan & email to [marketing@uchs.org](mailto:marketing@uchs.org))