# [Template to discuss with local counsel]:**AUTHORIZATION TO USE STATEMENT**

**NAME:**

I**,**(patient’s name), hereby authorize [corporate name] and [individual doctor’s name], its successors and assigns, the right to use my statement for the purposes listed below. This statement is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The usage of this statement will be limited to:

[ ]  Medical purposes related to case

[ ]  Scientific purposes, including seminars and medical articles

[ ]  Digital or printed materials for patients to view in the office(s)

[ ]  Digital or printed materials to be included in our practice’s newsletter to be sent to current or prospective patients

[ ]  Digital images to be included in our practice website

[ ]  Digital images to be uploaded to the broader Internet to be viewed by the public

[Corporate name] and [individual doctor’s name] need not approach me again for authorization to use this statement unless the usage differs from that listed above and this authorization will remain in place indefinitely unless I ask [Corporate name] and [individual doctor’s name] to terminate use of this statement, in writing and communicated to [Corporate name] and [individual doctor’s name]. If I terminate authorization, which I may do at any time, I recognize that it will likely take a reasonable time period to accomplish. For example, to remove such statement from a web site, [Corporate name] and [individual doctor’s name] will need to coordinate with a third party webmaster.

Termination of prospective use of this statement may have no effect on prior distribution- such as the case with medical journals. A published journal, for example, cannot be “recalled”.

Further, please note that once this statement is used for any of the authorized purposes above, that information may no longer be protected by HIPAA.

Providing authorization is entirely voluntary and will not affect our commitment to treatment by our practice.

To the extent allowed by law, I hold [Corporate name] and [individual doctor’s name] harmless from any liability related to use of this statement for the purposes outlined above. I further hold [Corporate name] and [individual doctor’s name] harmless for any third party use of this statement unrelated to direct, immediate, and proximate action by [Corporate name] and [individual doctor’s name].

This release and authorization does not conflict with any existing commitments on my part.

I understand that [corporate name] and [individual doctor’s name] are not obligated to make use of its rights set forth herein.

To the extent I have any intellectual property rights in or to this statement, I grant a perpetual, fully paid up, non-exclusive license to [corporate name] and [individual doctor’s name] to use this statement for the purposes above.

Patient Signature                                                  Date/Time

          Witness Signature                                                      Date

Updated 2016-04-01