

Agreement & Authorization For Individual or Facility to Appear In MHN Marketing Materials

Between:

MHNU Corporation doing business as Medical Home Network ("MHN")
180 N. Stetson, Suite 600-1, Chicago, IL 60601

And:

Individual/Organization _____
Street Address _____
City, State, Zip _____
Contact e-mail _____
Contact Phone #1 _____ Contact Phone #2 _____
Date _____

I hereby consent to be photographed, videotaped, audio taped, and/or interviewed by MHN to be used solely for the purpose of content used in MHN marketing and public relations materials on television, radio, internet, motion pictures, in the print medium, or any other media.

If photography, video/audiotaping and/or interview will occur at a medical facility:

I understand that the above identified photographs videotapes or interviews ("information") may be considered protected health information. I authorize the use and disclosure of this information as set forth above. I understand that the information disclosed because of this authorization may be subject to re-disclosure, and will no longer be protected by federal privacy rules. This authorization shall be effective for ten (10) years unless I revoke it in writing before that time has passed. The revocation must be sent to MHN at the address shown below. I understand that any revocation will affect only future disclosures, not any disclosures made before my revocation. I understand that treatment is not conditioned on whether or not I sign this authorization.

I agree to release and hold harmless MHNU Corporation doing business as Medical Home Network and its respective representatives, directors, officers, agents and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise out of or by reason of, or be caused by the use of any photographs, videotapes, and/ or interviews, on television, radio, internet, motion pictures, in the print medium, or any other media.

The information will become the property of MHN. I understand and agree that no monies or other compensation in any form, including reimbursement for any expenses incurred by me, will become due to me, my heirs, agents, or assigns at any time because of my participation in any of the above activities.

Individual's name (please print clearly) _____

Signature of individual/parent/legal guardian _____

Relationship to individual if not the individual (please print clearly) _____

Date _____

This form must be signed before photographing, audio or videotaping or interviewing an individual for marketing purposes. This form must be signed and dated in order to be valid. If the individual is a minor, his or her parent or legal guardian must sign on behalf of the individual. A copy of this authorization must be providing to the individual completing this form.