

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS
AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Name: _____ Birth Date: _____
(print clearly)

I hereby authorize University Colorado Anschutz Medical Campus to use or disclose my protected health information related to _____
(type of information)

to _____
(recipient)

for the following purpose: _____

I understand that:

1. This authorization is voluntary and the disclosure is being made at my request.
2. If I do not sign this form, my health care and the payment for my health care will not be affected.
3. I may revoke this authorization at any time in writing. Any revocation will not apply to information that has already been released in response to this authorization.
4. If the requester or receiver is not a health plan or health care provider, the released information may be redisclosed by the recipient and may no longer be protected by federal privacy regulations.
5. I understand that I may see/obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
6. I am entitled to a copy of this form after I sign it.

I request this Authorization to expire on the date when recipient is no longer in use of the released information for the purpose as stated above.

I have read the above and authorize disclosure of the protected health information as stated.

Signature of Individual/Guardian/Representative: _____ Date: _____

Printed Name of Representative: _____

Authority or Relationship to Individual, if Representative: _____

Please contact the Office of Communications at communications@cuanschutz.edu before making any changes to this form.

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

MODEL RELEASE

By signing this form, you agree to the following:

Grant of Rights: You give the University of Colorado Anschutz Medical Campus (“the University”) the unrestricted right to use, reuse, publish, and republish your:

- Photographs, videos, and other images
- Audio recordings
- Written statements and other editorial contributions

Uses: The University may use these materials for any lawful purpose, including but not limited to:

- Promotion and advertising
- Educational and informational materials
- Websites, social media, publications, podcasts, and other media (current or future)

Ownership: All materials created by the University, including edited or modified versions, become the sole property of the University.

Release of Liability: You will not hold the University, its representatives, or anyone acting with their permission responsible for how your materials are used, including any changes or edits.

Legal Agreement: You confirm that you are of legal age to sign this agreement. If you are signing for a minor, you confirm that they are bound by this agreement.

Print Name: _____

Signature: _____ Date: _____

Print Name of Parent or Guardian for Minor: _____

Signature of Parent or Guardian for Minor: _____ Date: _____

Phone: _____

Email: _____

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University of Colorado
Anschutz Medical Campus

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