

#### **General Media Authorization and Consent**

(Not to be used for release of protected health information)

### Purpose:

The Washington State Health Care Authority (HCA) is asking for your permission to use your statements and/or photographs and audio/video recordings of you for HCA's use in various publications, including electronic formats.

# What You Are Agreeing To:

Your signature on this authorization means that:

- You give HCA and its agents and employees permission to record your statements and to produce, copy, publish, and display Materials ("Materials" includes information about you taken from your statements, and photographs, audio recordings, and video images taken of you), with or without your name, for the purpose of publication, promotion, illustration, or advertising, in print, video, and other media including the internet and social media (for example, Facebook, Twitter, YouTube, LinkedIn).
- You agree that you will receive no compensation for use of the Materials or their publication and that HCA will not inform you in advance of the specific use of the Materials.
- You waive any rights to inspect or approve the Materials and you have no copyrights related to the Materials.
- You release HCA and its legal representatives from all claims and liability relating to the Materials.

### **Your Rights:**

- Signing this form is voluntary. If you refuse to sign, HCA will not use your image or statements in its publications. If you are an HCA employee, your refusal to sign this form will not affect your HCA employment.
- This authorization does not expire, but you may revoke this authorization at any time by contacting **hcacommunications@hca.wa.gov**. HCA will not print your image or statements in publications created after the date HCA receives your revocation of consent; however, HCA will not remove your image or statements from already produced and distributed materials.

## Signature:

I have read and understand the terms of this authorization and knowingly and voluntarily consent to HCA's use and disclosure of my image and statements as described above.
Print Name:
Signature
Date:/