

You have the right to take back your authorization.

Write to:

Office of Communications
85 E. Newton Street, 4th floor
Boston, MA 02118
communications@bmc.org

If you take back your authorization, it will not affect any actions we took in reliance upon your authorization.

What will happen to the interviews, pictures or videos BMC does?

We will not use all the videos or pictures that we take. The videos and pictures will not be part of your BMC medical record. But, they will belong to the hospital. We will keep any video or picture as long as 10 years.

Taking part in the interview, picture or film making is voluntary.

Your participation is completely up to you. You do not have to agree to do an interview or have pictures or videos taken. Your decision (either yes or no) will not affect your being able to get health care at BMC or payment for your health care. It will not affect your enrollment in any health plan or benefits you can get. Boston Medical Center is receiving no payment for your participation. You will receive no payment based on your participation.

The U.S. Privacy Rule does not protect health information that you permit BMC to disclose to the public. People and media who are not connected to Boston Medical Center can download, copy and reprint, rebroadcast, or re-disclose your information. Boston Medical Center is not able to limit or control this re-disclosure. Outside media will use and disclose your information based on the separate agreement that you sign with them.

You have the right to get a copy of this form.

PATIENT NAME (Print)	PATIENT DATE OF BIRTH
DATE	SIGNATURE (Patient or Authorized Representative)
AUTHORIZED REPRESENTATIVE NAME	DESCRIBE AUTHORITY (e.g. Parent, Guardian)

To receive a copy of this form, please provide mailing address:

Street address City State Zip

Email address