



FIBROID TREATMENT COLLECTIVE



BRUCE McLUCAS, M.D.
100 UCLA MEDICAL PLAZA, SUITE 310
LOS ANGELES, CA
310-208-2442

PATIENT PERMISSION TO USE IMAGES AND MEDICAL INFORMATION IN NEWS STORIES OR PROMOTIONAL MATERIALS

The Fibroid Treatment Collective is committed to protecting the privacy of our patients' medical information. That's why we must obtain your written consent before we can photograph you or reveal details about your care for use in news stories or promotional materials. Please review the following facts and assure your questions are fully answered by the Fibroid Treatment Collective staff before signing this form. You are entitled to receive a signed copy.

FREQUENTLY ASKED QUESTIONS

Who will disclose my medical information? Only you and your team of medical caregivers may provide details about your case to the Fibroid Treatment Collective

Who will use my information? The Fibroid Treatment Collective may share your images or information with journalists or the public for promotional purposes, such as advertising, brochures, Web pages, publications or news stories.

What happens after my photos and information go public? Once stories, photos, audio and videotape enter the public domain, it's important to understand that other outlets are free to use them, too. For example, photos and stories in the Los Angeles Times are often picked up by news wires, reprinted by other newspapers and Web sites, and broadcast by radio and television stations.

Before you sign this form, make sure you are comfortable with the amount of public recognition you may receive. The Fibroid Treatment Collective cannot control how - or for how long -- news outlets use or distribute your information, photos and videotape for future stories. We also cannot guarantee that other organizations will not display your publicized images or information on their own Web sites.

I'm not sure I want to make my information public. Do I have to sign this form? Absolutely not! Signing this form is your choice alone and will have no effect upon your medical care, fees or insurance benefits.

May I withdraw my consent? You may cancel or revoke your authorization at any time by writing to The Fibroid Treatment Collective, 100 UCLA Medical Plaza, Suite 310, Los Angeles, CA 90095; however, if we have already used the information and disclosed it as provided by the authorization, we will not be able to revoke your authorization.



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Please list specific information you do NOT want disclosed:

Type of Activity: (to be completed by Fibroid Treatment Collective staff)

You agree to participate in an interview, provide details about your medical care and/or have photographs, audio or video recordings made of you, for:

- The Fibroid Treatment Collective brochure or publications
- The Fibroid Treatment Collective Web site(s)
- The Fibroid Treatment Collective-related stories in the news media, including but not limited to newspaper, television, radio, magazines and online publications.
- Marketing/advertising by the Fibroid Treatment Collective, including possible storage in a photo or video archive for future promotional purposes
- Other:

Signature

I have read this form, and all of my questions have been answered. My signature confirms that I understand and accept all of the above conditions, and approve the use of my images and private health information by the Fibroid Treatment Collective.

Signature (Patient or Guardian)

Print Patient Name

Date

Relationship to Patient

Email Address

Phone(s)

Mailing Address