Authorization to Use and Disclose Health Information

References to "I" or "Your" or "Me" and similar terms refer to you, or if this form is being completed by a legal representative, refer to the patient for whom the legal representative is signing.

Cancer Treatment Centers of America, part of City of Hope®, [site] and other Cancer Treatment Centers of America, part of City of Hope facilities and affiliates would like your permission to use and share information about you as described below and referred to in this Authorization as your "*Personal Information*." Your Personal Information can identify you.

Cancer Treatment Centers of America, part of City of Hope would like to use and share your Personal Information for the following purposes:

- To share patient experiences with other patients, families, caregivers and others interested in cancer to understand what they can expect following diagnosis and treatment and to encourage our patients and their families and friends as patients cope with cancer treatments
- To attract donors to Cancer Treatment Centers of America, part of City of Hope or its affiliates
- To engage individuals to learn more about Cancer Treatment Centers of America, part of City of Hope
- To create celebration booklets, displays, and other materials
- To publicize, advertise, and market Cancer Treatment Centers of America, part of City of Hope
- For business development and patient access purposes
- For lobbying and political purposes in support of Cancer Treatment Centers of America, part of City of Hope and its mission

Specifically, Cancer Treatment Centers of America, part of City of Hope would like your permission to use and share for these purposes your name, age, hometown and state, information about your family, friends and other caregivers, including information that could identify them, cancer type, important dates in connection with your treatment – for example, the date you were diagnosed or the date you achieved certain important milestones such as finishing chemotherapy, photographs and/or videos of you (provided by you or made by Cancer Treatment Centers of America, part of City of Hope), and any other information that you write down on the "Share Your Story" worksheet that Cancer Treatment Centers of America, part of City of Hope provides to you or that you provide in interviews conducted by Cancer Treatment Centers of America, part of City of Hope for this purpose.

Cancer Treatment Centers of America, part of City of Hope requests your permission to share your Personal Information in the following ways and with the following types of recipients

- As part of our physical, digital, and online Survivor Displays in Cancer Treatment Centers of America, part of City of Hope facilities, websites, and other online and social media environments.

- Websites, blogs, social media accounts, other online environments, and other publicly viewable digital sources maintained by Cancer Treatment Centers of America, part of City of Hope ("*Cancer Treatment Centers of America, part of City of Hope Online Sources*") and others ("*Non-Cancer Treatment Centers of America, part of City of Hope Online Sources*"). Your Personal Information may be disclosed to anyone who visits the Cancer Treatment Centers of America, part of City of Hope and Non- Cancer Treatment Centers of America, part of City of Hope Online Sources.

- Cancer Treatment Centers of America, part of City of Hope may encourage other patients to post on Non- Cancer Treatment Centers of America, part of City of Hope Online Sources content that includes your Personal Information. For example, if you attend an event hosted by Cancer Treatment Centers of America, part of City of Hope, Cancer Treatment Centers of America, part of City of Hope may take pictures at that event. It is possible that you would be in a picture that features other patients and Cancer Treatment Centers of America, part of City of Hope might encourage those other patients to post the picture to their social media accounts as part of a "#fightcancer#" hashtag. You will not necessarily know when other people are encouraged to post content that features your Personal Information to their social media and other Non-Cancer Treatment Centers of America, part of City of Hope Online Sources.

- Newsletters, annual reports, flyers, informational packets and pamphlets and other written sources created by or on behalf of Cancer Treatment Centers of America, part of City of Hope ("*Written Materials*") to publicize the work that Cancer Treatment Centers of America, part of City of Hope does. Your Personal Information may be disclosed to anyone who receives, reads or sees the Written Materials.

- Press releases provided to print and digital media sources for inclusion in stories by those media outlets ("*Media Outlets*"). Your Personal Information may be disclosed to anyone affiliated with the Media Outlets and anyone who sees media generated by such Media Outlets.

I understand and agree that:

- By signing below, I authorize Cancer Treatment Centers of America, part of City of Hope to use and share my Personal Information as described above.

- I understand that signing this Authorization is voluntary, and that my treatment at Cancer Treatment Centers of America, part of City of Hope, payment for such treatment, health insurance enrollment, or eligibility for benefits will not be conditioned upon my agreeing to sign this Authorization.
- I understand that once my Personal Information has been disclosed, federal privacy laws may no longer apply or protect the information from further disclosure.
- This Authorization will remain in effect for as long as Cancer Treatment Centers of America, part of City of Hope maintains its operations, and will expire thereafter, unless I revoke this Authorization sooner.
- I understand that I may revoke this Authorization at any time by delivering a revocation in writing to Cancer Treatment Centers of America, part of City of Hope as described below. I understand my revocation will prevent future disclosures of my Personal Information but will not affect actions already taken by Cancer Treatment Centers of America, part of City of Hope in reliance of my Authorization.
- I understand that if I want to revoke my Authorization I must send such a request in writing to Cancer Treatment Centers of America, part of City of Hope's Privacy Officer at PrivacyOfficer@ctca-hope.com.
- I may obtain a copy of this Authorization to keep for my records.

Printed Name: Date of Birth:

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Signature: Date:

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Email: Phone#

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Mailing Address:

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If applicable:

Legal Representative's Signature: Date:

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Legal Representative's Print Name:

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Legal Representative's Relationship with the Subject of the Release:

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Basis for Legal Representative's Authority:

- ☐ Patient is Deceased
- ☐ Patient is an Unemancipated Minor
- ☐ Patient is an adult and I have been appointed as his/her Power of Attorney
- ☐ Patient is an adult and I have been appointed as his/her Legal Guardian
- ☐ Patient is an adult and I have been appointed as his/her Health Care Proxy

Other: Please specify:

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