

Media Release Form

Please read this notice carefully before signing this Authorization.

The purpose of this Authorization

We want to know if it is OK to use your name, photo, and story. We want to make sure it is also OK to use any comments you share with us. This may include information about your health history.

Legal language: If you choose to provide this Authorization, you will be permitting First Choice by Select Health of South Carolina and its affiliates* to use and disclose your protected health information (PHI) and non-protected health information (non-PHI) to communicate your experiences and other information about the services you received from First Choice by Select Health of South Carolina. The PHI and non-PHI that might be used and disclosed include your name, age, photograph, video, and/or statements and testimonials about the services you received or the progress of your health or health condition (referred to collectively as “Photographs and Stories”). If you provide this Authorization, First Choice by Select Health of South Carolina and its affiliates may use or disclose your Photographs and Stories for the following purposes:

- To illustrate the nature or progress of your medical conditions in print or broadcast media, internet publications, or journals.
- For scientific presentations and publications.
- For educational materials.
- For promotional materials and company publications to publicize the clinical benefits of receiving treatment for certain health conditions.

This Authorization is voluntary

It's your choice to sign this form. By signing, you agree we can use your photographs and stories without payment. Your First Choice by Select Health of South Carolina benefits will not change.

Legal language: This Authorization is voluntary, and you are not required to sign it. If you choose not to sign this Authorization, we will not condition your enrollment in or participation with First Choice by Select Health of South Carolina; your eligibility for benefits or payments; or the payment of benefits or compensation based on whether or not you sign this Authorization. You understand that you will not be entitled to any payment or compensation as a result of First Choice by Select Health of South Carolina and/or its affiliates using or disclosing your Photographs and Stories for the purposes outlined in this Authorization. If you are an employee of First Choice by Select Health of South Carolina or its affiliates, your information can be used after your employment with First Choice by Select Health of South Carolina or its related entities has ended.

This Authorization may be canceled

Even if you sign the form, you can still change your mind. Just let us know. You can tell us by mailing a letter to our office. The address is: First Choice by Select Health of South Carolina, Attn: Corporate Communications, 200 Stevens Drive, Philadelphia, PA 19113. Your notice must note the date your Authorization was signed. It must also include the date you want this Authorization to end. Once we receive the cancellation, we will stop using your information. Your information may still be used by those it was released to before your cancellation. This is because it was already made public. Please know, we cannot take back any information we shared before your cancellation.

Legal language: Even if you sign this Authorization now, you may cancel this Authorization if you change your mind and no longer want your Photographs and Stories used or disclosed for the purposes identified in this Authorization. You must send written notice of your cancellation to First Choice by Select Health of South Carolina. Any cancellation will be effective only for future uses and disclosures of your Photographs and Stories. Your cancellation will not be effective for any uses, disclosures, and/or publications that we already made relying on this Authorization. In addition, you understand that your Photographs and Stories used or disclosed pursuant to this Authorization may be re-disclosed by persons receiving this information (for example, in a publication), and your Photographs and Stories will no longer be protected by federal privacy laws (the HIPAA Privacy Rule) and other applicable federal and state law. Even after cancellation of this Authorization, we may retain copies of any electronic or printed versions of publications using your Photographs and Stories. Your cancellation will extend only to versions of this information within our control that have not been previously published.

The PHI and non-PHI you are authorizing First Choice by Select Health of South Carolina and its affiliates to use and/or disclose is as follows:

- Your name.
- Computerized image.
- Statements and testimonials.
- Photograph or image.
- Video.
- Age.

Please read carefully and check the three check boxes below. If all three boxes are not checked, we will not be able to use your photographs and stories.

It is OK to use my photo and information for your company’s personal business.

Legal language: I authorize First Choice by Select Health of South Carolina and its affiliates to use the PHI and non-PHI information described above in communications and publications produced by or on behalf of First Choice by Select Health of South Carolina and its affiliates. This Authorization extends to electronic versions of publications, websites, and other internet/electronic applications of First Choice by Select Health of South Carolina and its affiliates, as well as to printed, filmed, and taped versions.

It is OK to share my photo and information with the general public.

Legal language: I authorize First Choice by Select Health of South Carolina and its affiliates to disclose my PHI and non-PHI described above to the general public, including but not limited to news and electronic media, internet/online publications, TV, radio, newspapers, and/or magazines.

It is OK if you use my photo and information. I know you cannot control how my photo and information are used when they are made public.

Legal language: I hereby release, hold harmless, and forever discharge First Choice by Select Health of South Carolina and its affiliates, including their officers, directors, associates, agents, and contractors, from any and all liability, claims, or damages of whatever nature arising from or in connection with any unauthorized reproduction, publication, or other use or disclosure of the PHI and non-PHI identified above by any person or entity other than First Choice by Select Health of South Carolina and its affiliates, as well as their officers, directors, associates, agents, and contractors.

Please read carefully and check the check box that best applies to you.

This form is good for 10 years from today. You can cancel before 10 years by sending a letter asking First Choice by Select Health of South Carolina to stop using your photographs and stories.

- I am a First Choice by Select Health of South Carolina member.
- I am an employee or former employee of First Choice by Select Health of South Carolina or its affiliates.
- I am a health care provider.
- I am a member of the general public, with no affiliation to First Choice by Select Health of South Carolina and its affiliates.

First name:	Middle initial:	Last name:
Member ID (if applicable):	Date of birth (MM/DD/YYYY): / /	
Phone number:	Email:	
Parent, guardian, or legal representative's first name (if applicable):	Last name:	
Signature (self or parent, guardian, or legal representative if subject is a minor):		
Today's date (MM/DD/YYYY): / /		
Today's event, if applicable:		

* Affiliates include the AmeriHealth Caritas Family of Companies, all existing and future lines of business, affiliated third parties, and subsidiaries.