



**CITIZEN CLIMATE COST PROJECT, LTD.
HIPAA AUTHORIZATION FOR USE/DISCLOSURE OF
INFORMATION AND CONSENT/USE OF PHOTOGRAPHS AND
AUDIO/VIDEO IMAGES**

FORM SUBMISSION INSTRUCTIONS:

Submissions are due by 11:59 pm, November 15, 2018. A link will be provided on this page November 1, 2015 where videos and forms can be submitted. Winners will be announced December 14, 2018.

1. This HIPPA form (Health Insurance Portability and Accountability Act of 1996) should be completed for any participants providing personal medical information in the video. All materials—videos and forms—must be submitted together.
2. This form must be named using the following format:

HIPPA_FirstLast_Videoname (see submission form for naming your video)

EXAMPLE: A HIPPA form for John Smith whose personal health information is given in a video on flooding in Houston, TX by filmmaker and corresponding author Jane Doe would be named as follows:

HIPPAForm_JohnSmith_Houston_TX_flooding_JaneDoe

If the HIPPA form is for Jane Doe, it would be named as follows:

HIPPAForm_JaneDoe_Houston_TX_flooding_JaneDoe



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The Citizen Climate Cost Project, Ltd. is a non-profit organization fiscally sponsored by the Open Space Institute, referred to hereafter in this release form as the Climate Cost Project. The Climate Cost Project respects the privacy of interviewees for video projects. Our work is a public service project with the purpose of educating and informing individuals on the personal impacts of climate change as they are occurring today. We believe that the information that you have provided on the impacts of climate change is very important to furthering this mission. However, as you have taken part in a video where you have revealed some of your medical information, or your child's medical information, the Climate Cost Project seeks your permission and your consent to allow us to take and use audio/video/photographic material of you or your child and distribute such materials online, in print, and in news media (such as TV, radio, newspapers, and magazines).

To ensure that the Climate Cost Project is acting in accordance with your wishes, and using your personal information with your authorization, we ask you to fill out and sign this form. The Climate Cost Project will keep a copy of your signed permission on file.

CONSENT

I do give my permission for the Climate Cost Project to use any medical information I have disclosed in this video. This may include my/my child's name or image, and details about my/my child's experience in dealing with illnesses or injuries resulting from my/my child's experience, or any medical treatment that I/my child may have undergone as a result of these. I understand that if I have given my name or allowed myself to be filmed, the Climate Cost Project may use my name/image/and voice for the purposes of furthering its educational mission. I understand that my/my child's image will not be used in the marketing of commercial products. I permit the Climate Cost Project to make use of my and/or my child's audio/video/photographic images in publications produced by or on behalf of the Climate Cost Project. This permission extends both to electronic versions on the Climate Cost Project website and other internet/electronic applications as well as to printed, filmed, and taped versions.

I am not required to sign this authorization. I can request a copy of this authorization be mailed to me. I understand that I will not be entitled to any payment or other form of remuneration as a result of any use of any information and audio/video/photographic material.

If I decide to sign this form, I have the right to request that further use of audio/video recordings or photographs of me cease at any time.

I am aware that my health information will exist forever in either a recorded, printed, and/or electronic version or other version as may develop over time and that once it is published or disclosed in any form it will continue to be used. I understand that information about me or my child used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting the privacy of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state law.

I understand that I may revoke or withdraw this permission at any time to prohibit further future use of my information. To do so, I must send written notice to the Climate Cost Project. I understand that the Climate Cost Project, as well as other persons or entities, will retain copies of any such electronic or printed versions and shall retain these versions forever and that any revocation of this authorization will only extend to the versions of the information within the Climate Cost Project's control that have not been previously published. If not revoked/withdrawn by me, this authorization expires ten (10) years from the date that I sign it.

Patient Name

Electronic Signature:

Date: MM/DD/YYYY

Address:

Address:

State **Zip Code**

Phone

For personal representatives, please provide the following:

I, _____, represent that I am the health care agent/guardian/surrogate/parent of the patient above.

I am representing the patient as a

Health care agent

Guardian

Surrogate

Parent

Personal Representative Electronic Signature:

Date MM/DD/YYYY

Address

Address

City

State

Zip Code

Phone

***If you are the health care agent or guardian, please provide proof of your authority to act on behalf of the patient.**