

Using the Hashtags #NMBETTER and #NMCONSENT

#NMBETTER

PATIENTS: AUTHORIZATION TO OBTAIN, USE AND DISCLOSE HEALTH INFORMATION

I hereby authorize Northwestern Memorial HealthCare (NMHC), its current and future affiliates and subsidiaries ("Northwestern Medicine") to create, obtain, use and disclose certain photography and/or video recordings, as well as health information, across the branded social media channels for use and disclosure to the general public by Northwestern Medicine including without limitation:

- Posting on Northwestern Medicine websites (internal and external) or any Northwestern Medicine use of social media (Facebook, Twitter, Instagram, LinkedIn, YouTube, Pinterest, etc.)

The term "health information" in this form refers to protected health information concerning my diagnosis, care and treatment, including medical or surgical services performed on or administered to me by Northwestern Medicine, its employees, agents, members of the medical staff, and/or my personal physician/physician practice. I understand the images and other media and health information disclosed may identify me. My treatment is not conditioned upon using the hashtag #NMBetter for this Authorization.

I understand I have the right to refuse to use the hashtag #NMBETTER for this Authorization and that this Authorization is valid unless I cancel or revoke it in writing. I also understand that once information, images and other media are disclosed pursuant to this authorization, it is possible that such material will no longer be protected by federal and state privacy laws and could be re-disclosed by the person or entity receiving such material. I further understand that if I choose to revoke this Authorization at any time in the future, I will send my revocation to NMHC Marketing, Communications and Media Relations at 541 North Fairbanks Court, Suite 1900, Chicago, Illinois, 60611. My written revocation will not affect any disclosure made before the receipt of my revocation by Northwestern Medicine. This authorization is valid for ten (10) years from the date of signature or until withdrawn in writing.

#NMCONSENT

PATIENTS AND NON-PATIENTS: AUTHORIZATION TO OBTAIN, USE AND DISCLOSE IMAGES AND OTHER MEDIA

I hereby authorize Northwestern Medicine to create, obtain, record, use and disclose photography and/or video recordings across the branded social media channels. I acknowledge the images and media to be used by Northwestern Medicine were previously posted in a public forum. I further consent to my information, images and other media being stored and managed within Northwestern Medicine for future use, unless I indicate otherwise. The permitted uses and disclosures of this information, images and other media may include without limitation:

- Posting on Northwestern Medicine websites (internal and external) or any Northwestern Medicine use of social media (Facebook, Twitter, Instagram, LinkedIn, YouTube, Pinterest, etc.)

I hereby waive the right to receive a copy, inspect or approve the images and other media and also waive any and all rights that I may have to any claims for payment or royalties in connection with the above use of the images and other media. I acknowledge that the images and other media will remain the sole property of Northwestern Medicine. I also understand that Northwestern Medicine is not receiving any financial or other compensation from third parties for use of the images or other media.

I understand I have the right to refuse to use the hashtag #NMCONSENT for this Consent and that this Consent is valid unless I cancel or revoke it in writing. If I choose to revoke this Consent at any time in the future, I will send my revocation to NMHC Marketing, Communications and Media Relations at 541 North Fairbanks Court, Suite 1900, Chicago, Illinois, 60611. My written revocation will not affect any disclosure made before the receipt of my revocation by Northwestern Medicine. This consent is valid for ten (10) years from the date of signature or until withdrawn in writing.