TESTIMONIAL AUTHORIZATION AND RELEASE
FOR HEALTH INFORMATION

I**, _____,** give this Authorization and Release freely and voluntarily to the Puget Sound Blood Center and Program (PUGET SOUND BLOOD CENTER) for the uses and purposes set forth below.

I understand that PUGET SOUND BLOOD CENTER uses, and publicly discloses, information from people such as me to demonstrate the value and need of a healthy and publicly supported blood donation program, and that the information I give to them, as well as information they already have, will be publicly released and used by PUGET SOUND BLOOD CENTER to seek general public support, blood donations and monetary donations and gifts for their operations and programs.

I understand that, in addition to the information I provide directly to them for the purposes of this Authorization, PUGET SOUND BLOOD CENTER may already have in its possession protected health information about me. That information is limited to the number of units of blood that was supplied to help me and _____ (insert 'None' if no other information is in records; briefly describe condition requiring treatment if known and part of PUGET SOUND BLOOD CENTER records. If additional space is needed, attach to back of Authorization). I fully authorize the use of all my protected health information described and/or set forth in this Authorization for use by PUGET SOUND BLOOD CENTER for the Testimonial purposes described above. I also understand that once this information about me is disclosed to the public that it will no longer be subject to any privacy restrictions or protections and can be redisclosed to others by anyone who learns the information.

I understand that I do not have to sign this authorization and that I may revoke it at anytime by sending a notice in writing to _____. I also understand that this Authorization and Release will last for a period of __ years (five years if blank not filled in), and that after I sign it I will be given a copy.

If the person signing this Authorization and Release is not the person about whom the release is being given, then the person signing warrants and represents that they have the right to release the subject person's information.

Dated this __ day of _____, 200_.

_____
Signature

_____
Name Printed