

Authorization for Releasing PHI Information for Archival, Exhibit, and Educational Purposes

Date: __/__/_____

I, _____ (print name), authorize interviews, recordings, film, photographs, and other documentation identifying or depicting me as a patient or those I am still the legal guardian of to be used by the Office of NIH History and Stetten Museum for historical preservation and educational purposes.

Check the Appropriate Boxes:

- I wish for materials in question to be only available for scholarship and to inform Office staff for projects and research requests and that the content will not be available publicly until the natural termination of legal restrictions.
- I consent that materials in question can be fully utilized for Office activities, which may include exhibits, social media, presentations, and publications. Staff from the Office of NIH History and Stetten Museum understand that they will still need to be respectful of the individual's privacy and that discretion must be applied in determining what content is available to the public and the context and manner in which it is displayed.
- I would like to consult with an Office of NIH History and Stetten Museum employee about specific questions, concerns, or desired stipulations.

Signature: _____

Date: __/__/_____

Office of NIH History and Stetten Museum



1 Cloister Court, Suite 230
National Institutes of Health
Bethesda, MD 20814-1460

Office of NIH History and Stetten Museum



1 Cloister Court, Suite 230
National Institutes of Health
Bethesda, MD 20814-1460