



Consent Release and Agreement Form Testimonials

I hereby give consent willingly and voluntarily for my testimonial to support communication initiatives conducted by the U.S. Department of Health and Human Services, Office of the National Coordinator (ONC) for Health Information Technology. I understand that my story and supporting images i.e., photos and videos that may be used but not limited to ONC’s primary website healthit.gov, pull-up banners, online ads, blog posts, etc. Video recordings of this interview may be posted on the ONC website and ONC YouTube account.

By signing this form, I understand that there is a possibility that my story may be included in media outreach efforts. I can determine whether or not I am willing to engage in media interview opportunities and I will communicate my participation in a timely manner to ONC or designees of ONC as they arise.

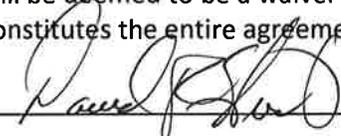
I acknowledge that I hereby grant an unrestricted, non-exclusive perpetual agreement with ONC and their designee to use, reproduce, edit, modify, publish, and/or broadcast my photo, video, comments and/or other written or spoken work product and to use same in any and all medium without any financial compensation. I also acknowledge that ONC, in its discretion, may choose not to use my image, quote, photos, or video.

I EXPRESSLY RELEASE AND FOREVER DISCHARGE ONC AND DESIGNEES OF ONC FROM ANY AND ALL CLAIMS AND DEMANDS OF ANY KIND WHATSOEVER RELATED TO THE USE OF MY PHOTO, COMMENTS, IMAGES, OR VIDEO BY ONC. FURTHER, I AGREE THAT IN NO EVENT SHALL ONC OR THEIR DESIGNEE BE LIABLE FOR ANY DAMAGES WHATSOEVER ARISING OUT OF OR RELATED TO ANY PARTICIPATION BY ME INCLUDING, BUT NOT LIMITED TO DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, WHETHER UNDER A CONTRACT, TORT, OR ANY OTHER THEORY OF LIABILITY, EVEN IF ONC ARE AWARE OF THE POSSIBILITY OF SUCH DAMAGES.

My consent applies to the publishing of the following course:

- 1. The Officer of the National Coordinator’s Health IT Patient Safety Action & Surveillance Plan (November 1)

The terms of this Consent Release and Agreement (“Agreement”) shall be construed in accordance with Federal laws. The terms of this Agreement are severable. No waiver by ONC or designees of ONC of any right under this Agreement will be deemed to be a waiver of any other right or waiver of the same right at any other time. This Agreement constitutes the entire agreement between the parties.

SIGNATURE: 

PRINT NAME: David R. Hunt, MD

PHONE #: 202-205-5105 _____ EMAIL (OPTIONAL): _____ DATE: 11/1/2013

CONSENT FOR THOSE WHO WISH TO REMAIN ANONYMOUS

I consent to releasing my image or statements, as described above, but want to remain anonymous. Therefore, ONC and designees of ONC shall not include my name with my story and supporting images.

SIGNATURE: _____ DATE: _____