



CONSENT TO PREPARE AND RELEASE MATERIALS TO THE PUBLIC

Patient Name: _____ DOB: _____ MRN: _____

I hereby consent and authorize Quad/Med, LLC and its agents, contractors, and/or representatives (hereinafter "QuadMed") to take photographs, video, and audio of me or otherwise record my appearance, voice, or likeness for use in commercial, marketing, and other promotional materials (referred to hereafter as "Materials"). I understand that the Materials may contain my name, image, likeness, biography, statements, signature, words, voice, movements and/or other personally identifying characteristics or data.

By signing this Consent, I certify that I personally and in good faith believe in the truthfulness of all statements I made and opinions I expressed in the course of preparation and/or recording of the Materials. If at any time, I no longer believe in or endorse any such statements or opinions, I will provide notification in writing to QuadMed, Attention: Privacy Officer, N64W23110 Main Street, Sussex, WI 53089.

I understand that the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations governing privacy (collectively "HIPAA") may require that I also sign an authorization in order for QuadMed to use and disclose my protected health information ("HIPAA Authorization"). I understand that the HIPAA Authorization sets forth certain of my rights under HIPAA and that nothing herein shall be viewed as affecting such rights.

I hereby grant QuadMed the exclusive worldwide right to use, control, reproduce, market, publish, broadcast, exhibit, edit, alter, copy, license, or sell, either in whole or in part, the Materials. I agree that all intellectual property rights associated with the above described Materials are granted to and shall remain the property of QuadMed as well as any other rights, title, and interest in any and all results and proceeds associated with such use or disclosure.

I understand that I will not receive any payment, royalty, or other consideration for signing this Consent or for the use or disclosure of any of the Materials, and that QuadMed is not required to use the Materials, and I hereby waive any such rights that I may have. I hereby fully release, indemnify and hold harmless QuadMed from all liabilities, claims, damages or injuries of any type arising from or connected with my participation related to the Materials, including any invasion of privacy claims.

This Consent, which may be modified only in a writing signed by QuadMed and me, constitutes our entire agreement and supersedes any prior implied, oral or written agreements, and shall inure to the benefit of and be enforceable by QuadMed, and its successors and assigns.

I hereby represent and warrant that I have read the above information carefully prior to signing, that I am fully familiar with the contents, and that all of my questions have been answered.

Signature of Patient or Personal Representative

Relationship to Patient (Legal Authority)