

## **Authorization to Use and Disclose Specific Protected Health Information**

By signing this Authorization, I hereby direct the use or disclosure by Murat Temple, A.A.O.N.M.S., also known as Murat Shrine, Indianapolis, Indiana, and its subordinate groups, including, without limitation, the Murat Shrine Business Connection (collectively, "Murat"), of certain medical information pertaining to my being or having been a patient at a Shriners Hospital for Children ("Shriners' Hospital").

This Authorization concerns the following medical information about me:

That I am or was a patient at a Shriners Hospital;  
That I was sponsored into the Shriners Hospital by Murat or a member thereof; and  
If I choose to disclose my condition or my former condition or the nature of the procedures applied to me by the Shriners Hospitals, then such information may be used and disclosed; PROVIDED, HOWEVER, THAT I AM UNDER NO OBLIGATION TO DISCLOSE SUCH INFORMATION AND MAY WITHHOLD SUCH INFORMATION WITHOUT CAUSE.

This information may be used or disclosed by Murat in the following manner:

Written announcements regarding scholarship recipients;  
Awarding of scholarships in public or private meetings;  
Articles in the Murat Magazine or any other publication that describes the fact that I received a scholarship from the Murat Shrine Business Connection;  
Photographs of me, with or without other persons, accompanying any or the above announcements or publications of information concerning the scholarship;  
Lists of names of scholarship recipients; and  
Any other manner that may be specifically approved by me or that is included by implication in the above list of manners of use or disclosure.

This information may be disclosed to the members of Murat and to the general public in the manners listed above.

I understand that I have the right to revoke this Authorization at any time except to the extent that Murat has already acted in reliance on this Authorization. To revoke this Authorization, I understand that I must do so by written request to the Recorder of Murat, 510 N. New Jersey St., Indianapolis, IN 46204, telephone (317) 635-2433.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for continued treatment at the Shriners Hospitals and that the Shriners Hospitals have no connection with the Murat scholarship program. I further understand that the scholarship program is sponsored by the Murat Shrine Business Connection and is not directly sponsored by Murat Shrine.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. This Authorization is being requested by Murat for the purpose of enabling the Murat Shrine Business Connection to promote fund raising efforts to be able to grant additional scholarships in the future by indicating the names and accomplishments of the current and prior recipients of such scholarships. The use or disclosure of the requested information will not result in direct or indirect remuneration to Murat from any third party.

I acknowledge that I have read the provisions in this Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms. If I am under the age of 18 years, then the persons signing this Authorization on my behalf are my parents or legal guardian. I acknowledge receipt of a copy of this Authorization.

Unless earlier terminated by me, this Authorization expires five years following the date hereof; provided, however, that following such expiration my name may still be included in any lists of scholarship recipients without liability on Murat Shrine.

\_\_\_\_\_ Date signed: \_\_\_\_\_  
Printed name: \_\_\_\_\_ (Student / Applicant)

The undersigned are the parents or legal guardians of the above-named student:

\_\_\_\_\_ Date signed: \_\_\_\_\_  
Printed name: \_\_\_\_\_ [Parent / Guardian]

\_\_\_\_\_ Date signed: \_\_\_\_\_  
Printed name: \_\_\_\_\_ [Parent / Guardian]