

Take Part Inc – HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid, and it will not be possible for your health information to be shared as requested.

Section I

I, _____, understand that by submitting this information through Take Part Inc, also known as Take Part Foundation, that this information will be shared publicly.

The only information Take Part Inc can share is the information that I voluntarily give. Any information that is on the profile that I create can be seen by anyone who has access to the link which leads them to this page. There is no limit to who can or cannot see the information I am posting including other individuals sharing the page that I create with the information I offer.

Section II

I, _____, understand that this portal is password protected, however, if the password is compromised or given out for any reason, it is my responsibility to change the password to keep this information secure. Take Part Inc is in no way responsible for any information shared or used by anyone as the entire internet will have access to this information.

Section III

The Reason for Disclosure of this information is for others to easily see the medical history and journey of the child I am legally representing. This information will be used and seen by common citizens as well as doctors and researchers all over the world.

Section IV

I, _____, understand that because I am sharing this on the open internet, anyone can access this information. It is my responsibility to remove any information I would not want seen by others. I give authorization for the health information published on this page to be used by Take Part Inc to share with others on their medical journey as needed as well as anyone who has access to this open link to be shared.

Section V

I, _____, understand that Take Part Inc along with but not limited to all viewers of their website, partnering scientist/researchers/ doctors, and other organizations involved with Take Part Inc may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.

Section VI

I, _____, understand the Duration of Authorization for Take Part Inc to use this information is valid as long as I have the page listed. Once I deactivate the page, all information must be de-identified but can be used by Take Part Inc in any way Take Part Inc feels necessary.

Section VII

I, _____, understand that:

- In the event that my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data.
- I understand that I do not need to give any further permission for the information detailed in the above sections.
- I understand that this information is being placed on the internet and all information, images and videos, can be seen and potentially used by others. The information is yours however Take Part Inc is in no way responsible for your information being seen or used by others.

Signature of Individual completing this form

If this form is being completed by a person with legal authority to act an individual's behalf, such as a parent or legal guardian of a minor or health care agent, please complete the following information:

Name of person this form is being completed for: _____

Name of person completing this form: _____

Signature of person completing this form: _____

Describe below how this person has legal authority to sign this form:



takepart
FOUNDATION