

## **AUTHORIZATION AND RELEASE**

**Purpose of Authorization and Release.** By signing this authorization and release form (the “Authorization and Release”), I, \_\_\_\_\_, hereby grant to Next Door Neighbors, LLC, its subsidiaries, agents, licensees, successors and assigns, including Ascension Complete (“Ascension Complete”), the right to use (i) my name (in whole or in part), voice and appearance; and (ii) audio/visual recordings, verbal recordings, written statements, pictures, portraits, photographs, and any other image or likeness of me; (iii) biographical or occupational descriptions or phrases regarding me; and (iv) incidents or anecdotes concerning me and my experience with Ascension Complete (the “Material”) in any and all manner and media now known or later developed and for all types of advertising, publicity, promotion and other trade purposes, now and for any future use, throughout the world in perpetuity. I understand that any of my protected health information that is disclosed pursuant to this Authorization and Release may be subject to redisclosure and may no longer be protected by HIPAA I also understand that all other protected health information that Ascension Complete creates and maintains for purposes of providing me with health benefits will not be used for marketing purposes without my prior authorization in accordance with state privacy laws and the Health Insurance Portability and Accountability Act and its implementing regulations (“HIPAA”).

- \_\_\_\_\_ (initial) I specifically authorize the release of information pertaining to alcohol, drug, and/or substance abuse, diagnosis, or treatment.
- \_\_\_\_\_ (initial) I specifically authorize the release of information pertaining to mental health diagnosis or treatment.
- \_\_\_\_\_ (initial) I specifically authorize the release of information pertaining to HIV/AIDS test results.

**No Remuneration.** I agree that I am voluntarily granting Ascension Complete the right to use the Material as described above, and I am receiving no financial remuneration from Ascension Complete therefor. I understand that Ascension Complete has not received any remuneration from any source in connection with its use of the Material.

**IP and Release of Claims.** I agree that Ascension Complete is the owner of all copyrights and other intellectual property rights in the Material throughout the world and may edit, reproduce, prepare derivatives of, distribute, perform, display, transfer and copyright the Material in its sole discretion without additional authorization from me or payment to me. I acknowledge and understand that I am relinquishing any and all rights that I may have to examine or approve the completed product or products or the advertising copy or printed or electronic material that Ascension Complete develops from the Material. I expressly release Ascension Complete from any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of any and all uses of the Material.

**Right to Revoke:** I understand that I have the right to revoke this Authorization and Release at any time by providing a written request to the following address: Ascension Complete, Attn: Compliance, PO Box 10420 Van Nuys, CA 91410. I understand that if I choose to revoke this Authorization and Release, it will become effective on the day of the revocation of the Authorization and Release. Any prior uses and disclosures of the Material will not be subject to the revocation of the Authorization and Release.

