



Hospital Authorization for Release of Information**

My signature below authorizes _____ to pass my name and limited
(Facility Name)

event information to Now I Lay Me Down to Sleep (NILMDTS) so that a request may be made for an approved NILMDTS volunteer photographer to take my baby's photo. I understand this is a free service performed by approved photographers volunteering their time and talents to families in need.

Patient's Signature

Date

Time

Room #

Patient's Printed Name

Baby's Printed Name

Patient's Admission Date

I understand that Now I Lay Me Down to Sleep is a nonprofit organization and is not owned by or affiliated with the hospital in any way and that the hospital will not receive financial or in-kind compensation in exchange for using or disclosing the Information. I also understand that the hospital in no way warrants or makes any representations concerning the services or products provided by Now I Lay Me Down to Sleep, except that such services are free.

I understand this is a free gift from the photographer and after he/she provides me with the personal use print release along with high resolution images delivered via email from an online gallery, it will be up to me financially to print out whichever images I so choose to purchase at whatever printing lab I so choose.

I understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance upon this authorization. If not previously revoked, this authorization will terminate on the following date, event or condition: _____. If no date, event or condition specified, this authorization will expire after 60 days. I understand that I may request a copy of this authorization after I sign it.

I understand that no treatment, payment, enrollment or eligibility for benefits may be conditioned on whether I sign this authorization. The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

The information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer protected by federal law.

In order to confirm its status with the U.S. Department of Health and Human Services, Office of Civil Rights, which oversees HIPAA law, NILMDTS has corresponded with the General Counsel's office of this Agency's HIPAA lawyers. Because NILMDTS is being invited into the hospital as a guest of the family which has provided the Hospital with authorization for such communication, the relationship between the hospital and NILMDTS is not subject to HIPAA privacy laws. NILMDTS photographers are required to maintain the confidentiality of all sessions; however, to assist in the process of scheduling a volunteer photographer, some limited personal information about the parent/baby may be provided to NILMDTS.

****Hospital Staff: Please place signed form with patient's chart and send to Medical Records at discharge.**