

Patient Consent Form

**CONSENT AND COMMUNICATIONS RELEASE FORM**

By signing this release form, I authorize Hologic, Inc., its subsidiaries, licensees, successors and assigns, employees, agents and representatives, (collectively, “Hologic”), to use, copy, publish and distribute my likeness, medical history and biographical information, as well as moving or still photographs, video and/or voice recordings of me and any written or other information provided to Hologic by me or at my direction in association with a \_\_\_\_\_\_\_\_\_\_\_\_ I received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Information”), and to produce the same or any part of the Information by photography, video and all other methods in connection with Hologic’s current and/or future educational, marketing, communications, advertising purposes and/or other business activities (“Communications Activities”). For more information about how Hologic, Inc. uses, manages and protects your Information and rights you may have with respect to your Information, please visit [www.hologic.com/privacy-policy](http://www.hologic.com/privacy-policy).

By signing below, I acknowledge and agree as follows:

Subject to applicable data protection law, I hereby irrevocably grant to Hologic, the right to use, publish, and reproduce, for all purposes, my answers to questions and testimonials and printed and electronic copy of the information described above and taken on and/or recorded in association with the treatment in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, any lawful purpose whatsoever including all media, formats and markets now known or hereafter devised. I attest that I am over 18 years of age and was so at the time of the treatment.

I further grant Hologic all right, title, and interest that I may have in all copies of the original print, and further grant Hologic the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive any right to inspect or approve finished copy or printed matter or computer-generated scanned images and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied. I waive all rights I may have claims to for payment or royalties in connection with any exhibition, televising, Internet posting, or other publication or otherwise the disclosure of my Personal Images and Quotes, irrespective of whether a fee for its use if charged by any third party.

To the best of my knowledge, any statements made by me to Hologic are factually correct. I understand that publication, disclosure or use of my Personal Images and Quotes may result in disclosure of my individually identifiable health information, including without limitation information about my health condition. I also give consent to the use of such information by Hologic. I understand and acknowledge, by providing my consent to the publication, disclosure and/or use of my Personal Images and Quotes for the purposes as set forth in this consent and release form, that my health information revealed to Hologic will no longer be protected by privacy regulations. I acknowledge that I have read the foregoing and I fully understand the contents. I further agree to release Hologic, its successors, assigns, licensees, employees, agents and representatives from any and all claims arising from Hologic’s use of the Information.

IN WITNESS WHEREOF, I have executed this consent and release on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_