

### “Share Your Story” Submission Agreement

By submitting an entry to be featured in Children’s Hospital of Pittsburgh of UPMC’s (“CHP”) “Share Your Story”, I, (either for myself as an individual age 18 or older, or on behalf of my minor child, as parent or legal guardian) expressly authorize CHP to use any protected health information (“PHI”) included in my submission on its websites, social networking, or social media platforms; for presentations to supporters; in brochures, direct mail, or other marketing material, or any other lawful use as outlined in [UPMC’s Notice of Privacy Practices](#) and [Standard Addendum to the Notice of Privacy Practices](#).

I also waive, for myself and my heirs and assigns, any and all intellectual property rights to the contents of the submission, in part or whole, and I agree that upon receipt, CHP becomes the sole owner of any intellectual property derived from the submission.

I understand and agree that the PHI included in the submission will no longer be protected by HIPAA and the Privacy Rule. I understand that other individuals may find my story helpful and may share it with others in print or on the internet, and I agree that CHP has no responsibility or liability for any re-disclosure of my PHI included in the submission.

I understand that I have the right to revoke my authorization herein at any time by sending a written request to **Children’s Hospital of Pittsburgh of UPMC, Attention: Privacy Officer, 4401 Penn Avenue, Pittsburgh, PA 15224**, and that my decision to revoke the authorization does not apply to any disclosures or distribution that may have taken place prior to the date my request to revoke is received by CHP.

I have read UPMC’s Notice of Privacy Practices and Standard Addendum to the Notice of Privacy Practice’s and agree to them and the terms and conditions in this Submission Agreement.