



MARKETING AUTHORIZATION FORM

Patient Name:	
DOB:	

Marketing Communications

Midwestern University (“MWU”) values you as a patient and respects the privacy of your personal and medical information that is disclosed to us in the course of our treatment relationship with you. Generally speaking, the law permits MWU to communicate with you about descriptions of its own health-related products or services, your treatment, and your case management or care coordination. Communications that occur in a face-to-face encounter or communications that involve a promotional gift of nominal value are also permitted under the law. All of these communications are a normal and valuable part of our provider-patient relationship and authorization is not required. Certain types of communications, however, cannot be sent to you unless you provide written authorization to receive them, including communications about a product or service that encourages you to purchase or use the product or service in addition to communications that are sponsored or reimbursed by a third-party whose products or services are promoted in the communication. You have a choice whether to receive these communications.

Purpose of This Form

This Marketing Authorization Form grants MWU permission to use or disclose your name, mailing address, and/or email address to send you marketing communications that promote products and services, for which MWU may receive direct or indirect payment from a third-party. MWU will never sell your information to third-parties. Information disclosed pursuant to this Marketing Authorization Form may be re-disclosed by a recipient without additional authorization.

Your Authorization

<input type="checkbox"/> YES, I authorize MWU to make the marketing communications described.	<input type="checkbox"/> NO, I DO NOT authorize MWU to make the marketing communications described.
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Granting authorization is completely your decision. MWU will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this Marketing Authorization Form.

Your Right to Revoke

You have the right to revoke this Marketing Authorization Form at any time after signing by submitting your revocation in writing to Midwestern University Clinics, Attn: Manager of Patient Accounts, 3450 Lacey Rd., Downers Grove, IL 60515. A revocation is not effective to the extent MWU has already relied on your authorization to use or disclose your personal and medical information as described above. This Marketing Authorization Form will remain effective until you are no longer an established patient of MWU, unless revoked in writing at any time before then.

PLEASE READ CAREFULLY

If I selected “YES” above, I hereby acknowledge, agree, and give my voluntary authorization for MWU to use my name, mailing address, and/or email for marketing communications. If I selected “NO” above, I hereby understand and agree that I will not receive the marketing communications described in this form. Regardless of my decision, I understand that I may change my mind in the future. I may revoke my authorization or elect to receive marketing communications at any time after signing and I know how to do so.

PATIENT SIGNATURE

Patient’s Signature:		Date:
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PARENT/GUARDIAN

I certify that I am a parent or guardian of patient, or that I hold legal power of attorney for the parent of patient. In this capacity, I represent and warrant, by signing below, that I have legal authority to execute this Marketing Authorization Form on behalf of patient.

Parent/Guardian Name:		
Parent/Guardian Signature:		Date:
Relationship or Basis for Authority:		
Contact Information:	Address:	Phone: