



National Home Infusion Association
Providing solutions for the infusion therapy community

Re: Consent and Release Agreement for Health Care Story ("Agreement")

Thank you for sharing your health care story with us and for agreeing to allow the National Home Infusion Association (NHIA) to use your home infusion-related healthcare story ("Story") in our lobbying and educational efforts to improve Medicare coverage of home infusion therapy. The purpose of this letter is to obtain your formal agreement for our use of your Story in accordance with the terms and conditions in this Agreement.

You and your health care provider have completed the attached Patient Profile Template ("Profile"). Your signature below is your agreement that the information contained in the Profile is true and correct and is an accurate description of your Story. We also understand that you are providing this Agreement to us in conformance with HIPAA privacy requirements.

By your signature below, and in consideration of the mutual promises made in this Agreement, you agree to allow NHIA to use your Story in lobbying and educational efforts to secure comprehensive Medicare coverage for home infusion therapy. You agree that NHIA may use your Story (including your name and any photographs of you that you provide to us) publicly in lobbying and educational efforts before the United States Congress, state legislatures and federal and state agencies by NHIA executives, employees, members, or other designees. The lobbying and educational efforts in which we may use your Story include private and public discussions with one or more members of Congress, state congressional delegations, Congressional committees or in other written documents for draft or pending legislation.

Please note that once used in lobbying efforts, your Story could be used by members of Congress, their staff, and members of the executive administration. Any communication effort with public officials becomes part of the public record and we want you to be aware that there is a chance that media representatives or other interest groups may refer back to your Story.

To help influence members of Congress, NHIA would also like to contact media sources about your Story. Before NHIA contacts any media source, we would get your permission to use the Story in a media release and would only do so with your consent.

Accepted and agreed to:

Full Name: _____
(Please print)

Signature: _____

Date: _____

Address: _____
