

## **AUTHORIZATION FOR THE COLLECTION & DISSEMINATION OF HEALTH INFORMATION**

I, \_\_\_\_\_, authorize Avanos Medical, Inc., including its employees, affiliates, subsidiaries, related companies, legal representatives, agents, contractors (including without limitation its advertising and public relations agencies), successors, and assigns (altogether, “Avanos”) to collect, create, receive, use, disclose, and publicly disseminate Health Information (defined below), as described in this Authorization.

### **How Will Health Information Be Collected, Used, and Disclosed?**

Health Information (defined below) will be collected, created, used, and shared by Avanos to create and publicize testimonials and other marketing materials on behalf of Avanos, including for marketing and promotion of Avanos medical devices, products, and services. Avanos will, in its sole discretion, share Health Information (defined below) with the general public and the media. Health Information (defined below) will not be kept confidential and will be redisclosed and publicized. For example, Health Information (defined below) may be broadcast, published online, distributed via social media, or published in hard-copy print.

### **What Health Information Will Be Collected, Used, and Disclosed?**

Health Information is defined as any information you provide to Avanos concerning yourself, your health, your treatment, and your experience with Avanos medical devices, products, and services, in any context and for any purpose. Health Information includes, for example, the description of your medical condition and related treatment you provide on this Authorization.

Health Information also includes the following, as it relates to you:

- patient identification
- patient name
- patient photos, images & video
- patient age
- patient likenesses
- any other patient identifying and medical information relating to the medical condition of the patient and treatment for such medical condition
- patient clinical data
- patient medical condition
- patient treatment
- patient dates of treatment
- patient treatment outcomes

Health Information will be collected, used, disclosed, and publicized in a way that identifies you. For example, your name and other personal information will be publicized together with detailed information about your health condition, treatment for your health condition, and your experiences with Avanos medical devices, products, and services.

**How Long Will This Authorization Remain in Effect?**

This Authorization is valid from the date of the signature below and shall remain in full force and effect until revoked in writing. You can revoke this Authorization at any time by providing written notice to [dataprotection@avanos.com](mailto:dataprotection@avanos.com). Upon such revocation, it is understood that Avanos will not collect, use, disclose, or publish any new Health Information from that date forward. Avanos, however, shall have no duty to retract or retrieve any Health Information published or disseminated prior to the date of revocation. For example, Health Information Avanos shared with the media prior to the date of revocation may continue to be disclosed in the future, as Avanos does not control the media.

***By signing below, I certify that I am over the age of 18 and I have read and fully understand this Authorization, and I agree to the collection, use, disclosure, and publication of my Health Information as described above.***

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

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

Date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Treatment for Medical Condition (include dates): \_\_\_\_\_

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