

BREAST CANCER JOURNEY ASSISTANCE FUND

PATIENT PARTICIPATION AGREEMENT AND MEDICAL RELEASE

I hereby authorize the release of my personal and medical information pertinent to my breast cancer diagnosis and treatment to The Aesthetic Surgery Education and Research Foundation ("The Aesthetic Foundation") and its designees for the purpose of evaluating my application to the Breast Cancer Journey Assistance Fund. Additionally, and in consideration of providing such a grant, I hereby agree to provide a testimonial about my experience receiving the funds and its impact.

I understand that such testimonials and any included photographs may be published by The Aesthetic Foundation and/or any party acting under its express license and authority in any print, visual, or electronic media including, but not limited to, newsletters, emails, signage, and Internet websites, for purposes of informing medical professionals and the public about the availability of the Breast Cancer Journey Assistance Fund. I also agree to be interviewed by my doctor or The Aesthetic Foundation about my particular experiences for purposes of grant consideration, as well as public and private education, if necessary.

I understand that the protected health information disclosed may be protected by state law, the privacy protections of which I hereby waive. I understand that I have the right to revoke this authorization at any time. I further understand that The Aesthetic Foundation is not a "covered entity" under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and information may be redisclosed to the extent permitted above.

I hereby release and discharge my doctor, The Aesthetic Foundation, and all parties acting under their express license and authority from all rights I may have in the above Protected Health Information and from any claim that I may have relating to such use in publication, including any claim for payment in connection with the distribution or publication of these materials in any medium.

☐ Upon the award of a grant, The Foundation may then contact the patient directly in order to facilitate the grant disbursement. Please check the box to confirm the patient consents to being contacted by The Aesthetic Foundation.

I certify that I have read the above Patient Participation Agreement and Medical Release and fully understand its terms.

Patient Signature Date

Patient Name