My Health Story Submission Form

Your First and Last Name:

Your email address:

Please provide your health related story in the text box below.

Please attach a photograph to your email to highlight with your health story. (2MB size limit per photograph)

AUTHORIZATION and DISCLAIMER:

The release of this information is voluntary. There is no effect on the individual not providing the requested information.

I,

hereby request and authorize the release of the my protected health information and any image(s) of my likeness which I have provided concerning my health story or hospital treatment while a patient in a military treatment facility, to MEDCOM Directorate of Communications for the purpose of public disclosure. This authorization expires five (5) years after the date this authorization is signed unless sooner revoked by me. I hereby agree to hold harmless MEDCOM Directorate of Communications, the hospital, its physicians, and its staff free from any and all liabilities or ill effects which might arise from the publication or broadcast of my information or image.

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to MEDCOM Directorate of Communications. I am aware that if I later revoke this authorization, the MEDCOM Directorate of Communications will have used and/or disclosed my protected information publically in reliance on this authorization and that disclosure would remain valid.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

NOTE: This release only pertains to your health story, please do not provide information or photos on anyone other than yourself. By uploading information to the Army Medicine website, I agree to the terms stated above and waive any remuneration from the USAMEDCOM, and all instrumentalities and agencies thereof, as a result of the use of the uploaded information covered by this RELEASE.