**YOUR STORY “Your Experience”**

1 in 8 women are diagnosed with breast cancer in their lifetime. **Telling your story is a powerful tool to create change, provide hope, and inspiration to others.** PINK “ME” ® asks for your permission to share your story with others to help raise awareness, improve access to health care including Breast Cancer Treatment and Survivor Health and Wellness Programs.

[ ] Yes, I allow PINK “ME” to use:

[ ] First Name

[ ] All or part of your story (anonymously)

[ ] With journalists and media outlets

[ ] On social media

[ ] Services received from the Organization

[ ] Use of photo (if provided)

[ ] Quote

[ ] No, I do not give permission for PINK “ME” to use my personal information or imaged in

publications, in general or materials.

(Enter Story Here)

I understand I have the right to revoke my authorization at any time by contacting PINK “ME” at info@pink-me.org or at the below address. Revocation will be effective upon receipt and affects disclosure moving forward and it is not retroactive.

I understand that my approval or denial of permission will in no way affect the assistance provided to me by the Organization.

I understand that information disclosed may be subject to redisclosure and may no longer be protected by Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

I understand that PINK “ME” Organization owns all marketing and outreach materials as released by me, and I hereby release rights to these items. I understand I will not be compensated for the use of the released information. I have read and understand the terms of this release. I certify that I am of legal age, 18 years of age or older.

**Name (printed):** Click or tap here to enter text. **Date**:Click or tap here to enter text.

**Signature:** Click or tap here to enter text.