



ALABAMA ONCOLOGY®

HIPAA and Media Release Form

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Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products, the advertising copy, website design, or the printed matter that may be used in connection therewith. In granting this permission to Alabama Oncology and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images and personal information.

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Signature _____

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