



## Patient Case Challenge 2020 Permission Form

I, \_\_\_\_\_, give my permission to the ACT (Academia-CPESN Transformation) Pharmacy Collaborative, Community Pharmacy Foundation, American Association of Colleges of Pharmacy (AACP), and the University of Pittsburgh to:

- Collate and share the Case Report(s) I am submitting through the Patient Case Challenge to be included in a publicly available online workbook. These cases will also be shared with all partner organizations/initiatives to the ACT Pharmacy Collaborative (Community Pharmacy Foundation, AACP, CPESN, Flip the Pharmacy) for use to educate and promote pharmacist provided care in the community.
  
- Use the photographs, video, and audio recordings submitted for this ACT Patient Case Challenge for the following purposes including, but not limited to, use in the online workbook product from the ACT Patient Case Challenge 2020, the Flip the Pharmacy training modules, and/or other marketing communications materials of the ACT Pharmacy Collaborative, AACP and Community Pharmacy Foundation.

I understand that I will not be paid for these Case Reports, photographs, videos, or audio recordings and release the rights for these to be utilized with multiple partners noted above. I also understand that I will be appropriately recognized as a contributor of Patient Case Reports through the ACT Patient Case Challenge 2020. I release the University of Pittsburgh, its employees, and its agents from any and all claims whatsoever of harm or otherwise that may occur from showing, using, or distributing these Case Reports, photographs, videos, or audio recordings.

I have read this form or have had it read to me. I understand what it says and agree to its terms.

Signed: \_\_\_\_\_

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