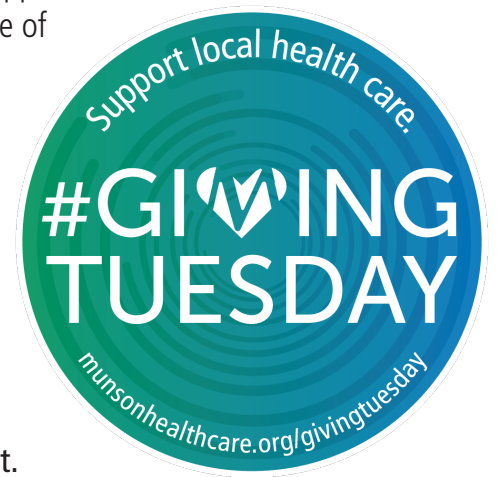


#UNselfie Instructions

Thank you for interest in supporting Munson Healthcare Foundations' Giving Tuesday campaign! A campaign of this size requires a tremendous amount of community support. By sharing an UNselfie, you are showing your community the importance of supporting their community hospital. **Thank you!**



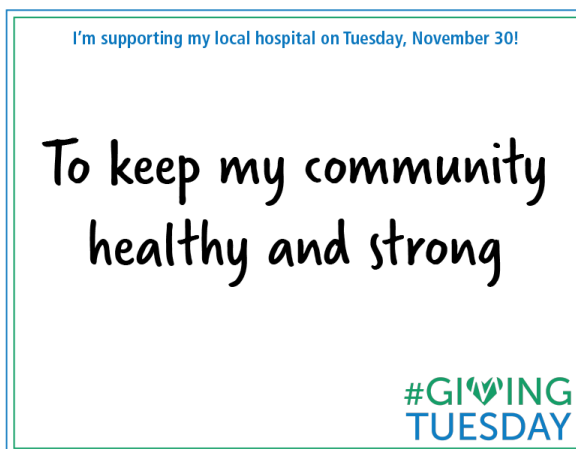
How to Take an UNselfie

1. Print off the UNselfie template on page 2 of this packet.
2. Add a note sharing why you support your local hospital.
3. Take a selfie holding your message.
4. Complete the photo waiver on page 3 of this packet.
5. Email your UNselfie and photo waiver to arobinson7@mhc.net.

That's it! Please feel free to also share your UNselfie within your personal network via text message, email, social media, and more. **The bigger the reach, the bigger the impact!**

Examples

Here are some sample messages for you to draw inspiration from:



Questions?

If you have any questions, please contact Abbie Robinson, Charitable Giving Specialist - Direct Mail and Digital Outreach for Munson Healthcare Foundations, at arobinson7@mhc.net. You can learn more about Giving Tuesday by visiting munsonhealthcare.org/givingtuesday.

Every dollar donated on this worldwide day of giving back helps to innovate and keep healthcare strong in northern Michigan. **We are grateful for your generosity and support!**

I'm supporting my local hospital on Tuesday, November 30!

#GIVING
TUESDAY

AUTHORIZATION TO CONTACT, INTERVIEW, PHOTOGRAPH, RECORD, OR RELEASE PROTECTED HEALTH INFORMATION FOR PROMOTIONAL/EDUCATIONAL PURPOSES

Information about you and your health is personal, and Munson Healthcare is committed to protecting the privacy of that information. When we want to share your information for the public to see or hear, we must ask you for written permission (authorization). You can ask to stop an interview or recording session at any time.

Please read this form carefully and ask any questions you have before signing it.

I, (PRINT NAME) _____ **authorize Munson Healthcare and/or its affiliates and service organizations to contact, interview, take audio/photography/video of me, and to use and/or share information about me for promotional and/or educational purposes on behalf of Munson Healthcare, including:**

- Advertisements, brochures, electronic communications, multimedia productions, publications, social media, web sites, etc., directed to staff, physicians, volunteers, patients, visitors, and the general public
- Local or national news media coverage

Information about me to be used and/or shared includes:

- My appearance/likeness on recorded or electronic media (*e.g. interview notes, audio, photographs, video, etc.*) and information about my diagnosis and treatment gathered through interviews with me by Munson Healthcare staff or the news media
- Information, including Protected Health Information, gathered through interviews with health care providers and others involved in my care (*e.g. physicians, nurses, technicians, staff, etc.*)

I understand that signing or refusing to sign this authorization will not affect the delivery of care in any way.

I understand that this authorization does not include any promise to pay me and that Munson Healthcare will not receive payment of any kind for the use of information/material covered by this authorization.

I understand that information/material covered by this authorization may be used at any time, with no expiration date.

After signing this authorization, I understand I may change my mind and revoke this authorization in writing, except to the extent of action already taken based on this authorization. Once information/material is used and/or shared as allowed by this authorization, it is no longer protected under federal and state privacy laws and may be subject to re-disclosure.

I release and forever discharge Munson Healthcare and its agents, from any claims and demands in connection with the use of information/material covered by this authorization, including, but not limited to, any claims for invasion of privacy or defamation.

SIGNATURE (INDIVIDUAL OR RESPONSIBLE REPRESENTATIVE): _____

NAME OF RESPONSIBLE REPRESENTATIVE (if applicable): _____ RELATIONSHIP TO INDIVIDUAL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE (WITNESS/ORG. REPRESENTATIVE): _____

NAME (WITNESS/ORG. REPRESENTATIVE): _____ DATE: _____ TIME: _____

<p>INTERNAL USE: TOPIC: _____</p> <p>GIVING TUESDAY 2021 - UNSELFIE</p>	<p>ORGANIZATION:</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Kalkaska Memorial Health Center</td> <td><input type="checkbox"/> Munson Healthcare Grayling Hospital</td> <td><input type="checkbox"/> Munson Medical Center</td> </tr> <tr> <td><input type="checkbox"/> Mackinac Straits Health System</td> <td><input type="checkbox"/> Munson Healthcare Home Health</td> <td><input type="checkbox"/> North Flight EMS</td> </tr> <tr> <td><input type="checkbox"/> Munson Healthcare Cadillac Hospital</td> <td><input type="checkbox"/> Munson Healthcare Manistee Hospital</td> <td><input type="checkbox"/> Otsego Memorial Hospital</td> </tr> <tr> <td><input type="checkbox"/> Munson Healthcare Charlevoix Hospital</td> <td><input type="checkbox"/> Paul Oliver Memorial Hospital</td> <td><input checked="" type="checkbox"/> Other MHC Affiliate (Please Specify) Munson Healthcare Foundations</td> </tr> </table>	<input type="checkbox"/> Kalkaska Memorial Health Center	<input type="checkbox"/> Munson Healthcare Grayling Hospital	<input type="checkbox"/> Munson Medical Center	<input type="checkbox"/> Mackinac Straits Health System	<input type="checkbox"/> Munson Healthcare Home Health	<input type="checkbox"/> North Flight EMS	<input type="checkbox"/> Munson Healthcare Cadillac Hospital	<input type="checkbox"/> Munson Healthcare Manistee Hospital	<input type="checkbox"/> Otsego Memorial Hospital	<input type="checkbox"/> Munson Healthcare Charlevoix Hospital	<input type="checkbox"/> Paul Oliver Memorial Hospital	<input checked="" type="checkbox"/> Other MHC Affiliate (Please Specify) Munson Healthcare Foundations
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