



MEDIA & HIPAA MARKETING RELEASE AUTHORIZATION TERMS

Last Revised: July 25, 2025

[apree health](#) (“apree,” “our,” “us,” or “we”) refers to the national healthcare delivery organization consisting of the following companies: i) [Vera Whole Health, Inc.](#), including its affiliates and subsidiaries, as well as the Vera-friendly PCs, (collectively, “Vera”); and ii) [Castlight Health, Inc.](#), including its affiliates and subsidiaries (collectively, “Castlight”).

apree is committed to protecting our members’ and patients’ Personal Information in accordance with our [Privacy Policy](#). The purpose of this document is to obtain your consent to apree’s public use of your personal testimonial, which may include your name, image and/or likeness, audio and/or video recording(s) or you, and/or multimedia content created based on your testimonial (collectively “Releasable Materials”).

You understand and expressly agree to the following Media & HIPAA Release Authorization Terms (“Terms”):

- **No Obligation.** apree will never condition your ability to receive our services upon signing this form, and thus, you are under no obligation to sign this form.
- **Limited Confidentiality.** I understand that by providing Releasable Materials to apree, it may include information that is protected under state and federal state statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and/or state privacy laws. However, I understand that I may limit or specify to what extent I choose to disclose my information in the testimonial of the Releasable Materials. I further understand that apree will not disclose any personal information, including protected health information in my medical records to the media or the public, unless I specifically consent to such disclosure by providing such testimonial within the Releasable Material.
- **No Prior Approval.** I understand that apree will do its best to protect and maintain the integrity of its Releasable Materials, and does not intend to release information that may be detrimental to me, however apree is under no obligation to provide the opportunity for me to review or approve the finished content that apree or a third-party creates or uses. As a result, I waive the right of prior approval, and release apree (including any third-party acting on behalf of apree), from any and all claims for damages of any kind, demands, actions, losses, expenses (including reasonable attorneys’ fees) and other liabilities arising from actions brought by me or any third parties arising from any breach of any of the representations, warranties or agreements based on the use of the Releasable Materials.
- **No Compensation.** I further understand that I am not entitled to, and will not receive payment or other compensation for any use of the Releasable Materials.
- **Age of Majority.** I certify that I am at least eighteen (18) years old or the age of majority in my state, and am competent to contract in my own name, or I am the legal representative of the member listed below.
- **Right to Request a Copy.** I understand that I have the right to request a copy of this release upon signature.
- **Right to Revocation.** I understand that: i) I may revoke my consent at any time by expressing my clear intention to do so in writing to the following physical or electronic address: **PHYSICAL: apree health, Attn: Marketing, 1201 2nd Avenue, Suite 1400, Seattle, WA 98101; OR ELECTRONIC: info@verawholehealth.com**; ii) Revocation is effective upon receipt; and iii) Revocation will not apply to any disclosure(s) or use(s) of Releasable Materials prior to the revocation I submitted.

AUTHORIZATION: Having reviewed the above Terms, I affirm that I fully understand the content and meaning. I hereby give apree, and any third-party acting on its behalf, permission to use any Releasable Materials about my experience(s) receiving care or services at apree, and understand these materials will become the proprietary information of apree.

Printed Member Name

Date of Birth

Member or Legal Representative Signature

Date

Printed Name of Member’s Legal Representative

Relationship to Member