

Request for Permission

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Please fill out this form in its entirety and e-mail it to PPP@imail.org. ▶All fields must be completed◀
Requests are processed in the order received. Please allow up to 4 weeks for a response.

Part 1: CONTACT INFORMATION FOR PERSON OR ORGANIZATION REQUESTING PERMISSION

▶**Company or organization** (please be exact): _____

Status: For-profit Not-for-profit

Type of business (e.g., healthcare, education, government, etc.) _____

Geographic areas served (states, regions, etc.): _____

Size of organization: # employees: _____ # hospitals/facilities/beds: _____

▶**Address:** _____

City: _____ **State:** _____ **ZIP:** _____

▶**Name** of requestor: _____ **Position:** _____

email: _____ **Phone:** _____ **FAX:** _____

Part 2: DETAILS OF USAGE REQUEST

▶**Request date:** _____

▶**Title(s)** of document(s) you're interested in: _____

<p>▶Proposed usage:</p> <p><input type="checkbox"/> Use the entire document as is, without changes <input type="checkbox"/> use/purchase pre-printed stock <input type="checkbox"/> print own stock</p> <p><input type="checkbox"/> Use the entire document, with customization (any revision of existing branding, text, illustrations, etc.) Please describe proposed customization on a separate sheet or e-mail, and attach a sample.</p> <p><input type="checkbox"/> Use a portion of the document <input type="checkbox"/> as is <input type="checkbox"/> adapted Page #s: _____</p> <p>Type of content (check all that apply):</p> <p><input type="checkbox"/> Text Opening words of excerpt: _____ Closing words of excerpt: _____</p> <p><input type="checkbox"/> Table(s) or figure(s): _____</p> <p><input type="checkbox"/> Medical illustration(s): _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Please describe any proposed customization on a separate sheet or e-mail, and attach a sample.</p>	<p>▶Distribution (CHECK ALL THAT APPLY):</p> <p><input type="checkbox"/> Printed copies / print distribution: Initial printing volume: _____ Anticipated annual distribution: _____ How distributed? _____ _____</p> <p>Charge to customer? <input type="checkbox"/> NO <input type="checkbox"/> YES: \$ _____ <input type="checkbox"/> Not yet determined</p> <p><input type="checkbox"/> Electronic posting and/or distribution:</p> <p><input type="checkbox"/> E-mail pdf internally <input type="checkbox"/> E-mail pdf externally</p> <p><input type="checkbox"/> Post on password-protected company intranet/extranet. URL: _____</p> <p><input type="checkbox"/> Post on Internet or non-password protected extranet: URL: _____</p>
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▶ **Attach additional information on e-mail or letterhead as needed to more fully explain your request.**

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