

Authorization For Use or Disclosure of Patient Photographic and/or Video Images

Authorization:

I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by Adapt Physical Therapy & Player Development, L.L.C. (Adapt) and Top Speed L.L.C. (Top Speed). I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

Purpose:

The photographic/video images, and/or testimonial will be used for: Social Media/and or Advertising.

Revocability:

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 99 years from the date signed.

No Treatment Conditions:

I understand that Adapt cannot condition treatment on whether I sign this authorization.

If desire, copy provided

___ "Yes, I would like a copy of this form."

(initiated by team member, copy provided on ____)

Patient Name: _____

Date: _____

Signature: _____

If Patient is a Minor:

Parent / Legal Guardian: _____

Date: _____

Signature: _____