

Phone:
Fax:



Client Name: _____ DOB: _____

I hereby authorize the staff of Chariton Physical Therapy to take photographic or videographic record of me during my treatment at this clinic. I understand that these images may be used for: (check all that apply)

- Use by the clinician to track my progress
- Inclusion into my medical record and may be distributed to my insurance company, physician, or other entities access to my PHI (see your HIPAA agreement for more information)
- Marketing by the clinic

I give permission for my name, medical and rehabilitation diagnoses, pertinent medical history, signs/symptoms and treatment interventions (collectively, "Material") to potentially be used for Chariton's Patient Success Stories. I agree that the Material may be edited, adapted, expanded, revised or modified at the sole discretion of Chariton Physical Therapy. I consent to use of the Material in connection with publicity, advertising, promotion, publication and any other purpose. I understand that Chariton Physical Therapy may use the Material in any media format it chooses, including without limitation television, radio, social, print, promotional materials and Internet.

I warrant and represent that this agreement does not in any way conflict with any existing commitment on my part. I agree that no aspect of this agreement or my participation in the advertisement makes me an employee of Chariton Physical Therapy and therefore has no financial compensation or commitments.

This authorization may be revoked, but must be done in writing. Any revocation of authorization will not be retroactive. This agreement will expire 99 years from date signed.

I understand that providing authorization is not a condition for receiving treatment at the clinic. (We will not refuse treatment should you not sign the agreement).

This agreement impacts my legal rights and duties. I have read this document and fully understand it. I will be provided a copy of this form for my records, should I request one.

Agreed and Accepted:

Signature of Client

Date

Signature of Parent or Guardian if client is a minor

Date