Use or Disclosure of Patient Photographic and/or Video Images Release Form

I, the undersigned, do hereby grant permission to Hess Physical Therapy to post my photo, video, written content, and/or other items, hereinafter referred to as “Materials,” on the Hess Physical Therapy Web site, Twitter account, Facebook account, and/or use of any other type of social media platform.

I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said “Materials”, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the “Materials” or any rights therein.

Authorization:
I authorize the use and disclosure of my name, photographic and/or video images, and/or testimonial for marketing purposes by the practice listed below. I understand that information disclosed pursuant to this authorization 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 or delivered personally. Revocation affects disclosure moving forward and is not retroactive. This authorization expires XX years from date signed.

No Treatment Conditions:
I understand that the practice cannot condition treatment on whether or not I sign this authorization. If desired, a copy of this signed form can be provided by checking the circle below:

Patient Name:
Date:_____
Signature:_____

If Personal Representative: Name:
Date:_____
Signature:_____
Relationship to
Patient:_____

If Patient is a Minor: Parent / Legal Guardian:
I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Date:_____
Signature:_____

This form is provided for general convenience purposes and does not represent legal advice. Additional compliance rules vary from state to state, country to country. If you feel like you need legal consultation in addition to what we've provided, be sure to consult your practice attorney including seeking advice pertaining to HIPAA compliance, the HITECH Act, and the U.S. Department of Health and Human Services regulations. This form is based on our own research to ensure compliance; it does not represent legal advice