



AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION FOR MARKETING

Form fields for Patient's Full Name, Patient's Date of Birth, Address, Patient's Telephone Number, City, State, Zip Code, and Date.

Professional Orthopedic and Sports Physical Therapy, P.C., ProEx Physical Therapy, LLC, and all their affiliated entities (collectively, "Provider") create and maintain information about its patients. This information, which is referred to as "protected health information," is subject to certain privacy protections that are defined in the Provider's Notice of Privacy Practices (available to you upon request). By signing this authorization form, you are authorizing Provider to use and disclose your protected health information, as set forth below.

1. I authorize Provider to use and disclose the following protected health information:

My full name, my age, my city and state of residence, my biographical information, my diagnosis, my prognosis, my outpatient rehabilitation therapy provider, all my dates of service with Provider, the name of all the locations where health care was provided to me, the name of all my health care providers other than Provider, all my verbal and/or written testimonials and statements, and all my video recordings and photographic images captured, created, maintained, and/or produced by me or by Provider relating to my experiences with Provider and/or the care I received from Provider.

2. Provider is hereby authorized to disclose my protected health information to the following person(s) and/or entity(ies):

General public at large through all types of internal and external (non-Provider) media, including, without limitation, television, radio, newspaper, Internet, publications, websites and social media accounts.

3. I authorize Provider to use and disclose my protected health information for the following purpose(s):

Marketing, advertising and promoting Provider's services and Provider's employees to the general public at large through all types of internal and external media.

4. This authorization expires on the following date and/or event:_____.

5. I acknowledge that I have the right to refuse to sign this authorization and Provider may not condition the provision of health care on signing this authorization, except if the sole purpose of the provision of health care is to create protected health information for disclosure to a third party.

6. I acknowledge that protected health information used and disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by federal and/or state law.
7. I acknowledge that I have the right to revoke this authorization at any time, except to the extent that protected health information has already been used and disclosed by Provider in reliance on this authorization. I understand that I must revoke this authorization in writing by sending a dated and signed letter stating that I revoke this authorization to the Privacy Officer at the following address: Professional Orthopedic and Sports Physical Therapy, P.C., 576 Broadhollow Road, Melville, New York 11747. I acknowledge that the revocation of the authorization will be effective upon receipt of the revocation letter by the Privacy Officer.

By my signature below, I hereby acknowledge that I have read and understand the terms of this authorization, and voluntarily authorize Provider to use and disclose my protected health information set forth above in accordance with this authorization.

Print Name: _____ Signature: _____ Date: _____

If the signatory is the patient's personal representative, specify in detail the authority to act on behalf of the patient:



Consent to Use of Likeness

I, _____, being of full age and majority, do hereby consent to allow Professional Orthopedic and Sports Physical Therapy, P.C., ProEx Physical Therapy, LLC, and all their affiliated entities (collectively, "PPT"), to use, re-use, utilize and disclose to the general public at large my testimonial, verbal or written statements, quotes, likeness, photographs, video-recorded images, audio recordings, voice, name, pictorial images, biographical information, and/or other likeness of myself (collectively, "Likeness") in any internal and external media, including, without limitation, television, radio, newspaper, Internet, publications, billboards, signs, websites, and social media accounts in conjunction with PPT business efforts, marketing, advertising, promotional activities, publicity, materials, and/or programs (collectively, "Use of Likeness"), regardless of the chosen medium for Likeness and Use of Likeness.

I do hereby acknowledge that I will not receive any payment or other consideration for PPT's Use of Likeness, and I do hereby further acknowledge that all such Use of Likeness, in whatever medium, is and shall remain the property of PPT.

I do hereby acknowledge that I have the right to revoke this consent at any time by sending a dated and signed letter to the Privacy Officer at PPT stating that I revoke this consent. I understand that if I choose to revoke this consent it will become effective on the day of the revocation of the consent, and any prior Likeness or Use of Likeness will not be subject to the revocation of the consent. I understand that PPT will use its best

effort to remove Likeness and Use of Likeness from the applicable media, but fully understand that PPT makes no guarantee of complete removal therefrom.

I do hereby waive my right to inspect, review, and/or approve PPT's Use of Likeness, and do hereby consent to allow PPT to use and subsequently reuse Likeness in materially the same form in the media of PPT's choice, in its sole and absolute discretion.

I do hereby release and forever discharge PPT and its officers, directors, shareholders, members, partners, agents, employees, subsidiaries, affiliates, related organizations, successors and assigns, of and from any and all manner of actions, causes of action, suits, proceedings, accounts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, regardless of source or nature, whether known or unknown, in law or in equity, against them or any of them, arising out of or in any way related to Likeness, Use of Likeness, and this Consent to Use of Likeness.

By signing this consent, I do hereby acknowledge that I have read the foregoing, or have had it read to me, and I fully understand its contents and significance, and I have signed this consent voluntarily, without recourse or promise of any kind, and agree to be bound hereby.

Print Name: _____ Signature: _____ Date: _____

(The signature of the parent or legal guardian is required for a minor)