



## Consent for Use and/or Disclosure of Images, Videos, Written or Verbal Testimonials

**(1) Patient's Printed Name:**

\_\_\_\_\_ Last First Initial or Other

**(2) ReBounce PT OT & Hand Therapy will only disclose the protected health information you permit related to photographs, videos, and or testimonials (PHI)**

Check the boxes listed below to which you agree and acknowledge understanding of:

- Photographs that identify me
- Videos that identify me
- Testimonials that I have voluntarily made and given to \*FACILITYNAME\* or one of its employees

Check as many items as you agree to:

- The items I have checked above may be used for any ethical and moral purpose in blogs and other social media
- The items I have checked may be used for:
  - Marketing
  - Professional education
  - General consumer education
- I have been informed that I can revoke this consent at any time and ReBounce PT OT & Hand Therapy will discontinue further use or disclosure at that time
- I realize that if any information has been posted on the internet the ReBounce PT OT & Hand Therapy cannot control how my photographs, videos or testimonials are used by others
- I realize that the above items cannot be restricted from use/disclosure for treatment, payment or operations**

**(3) Check only one box indicating how long ReBounce PT OT & Hand Therapy can use this consent:**

- Disclose my information indefinitely (as long as ReBounce PT OT & Hand Therapy has custody of my files)
- Disclose my PHI for the following period beginning \_\_\_/\_\_\_/\_\_\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient Date or \_\_\_\_\_  
Signature of Parent or Authorized Representative Date  
(Indicate the Relationship)

***You May Refuse to Sign this Consent***