

Patient Advertising / Promotion / Communications Sharing HIPAA Consent Form

Authorization: I authorize the use and disclosure of my name, photographic/video images, and/or testimonial, etc for communication & Advertising purposes, etc for the Practice listed.

Name of Practice : _____

Purpose: The photographic/video images, and/or testimonial will be used for: Social Media and / Advertising / Promotion / Communications online and / or offline.

Revocability: I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the Practice. .

No Effect on Treatment: This authorization is voluntary. I understand that the Practice cannot condition treatment on whether I sign this Authorization, and that my decision not to sign will not influence or affect my treatment in any way.

Print Name of Patient : _____

Date: _____ (M/D/Y)

Signature: _____

If you want a signed copy for yourself, just ask us.

This form is provided by ADIRA for general convenience purposes and does not represent legal advice in anyway or form. Note that compliance rules vary from country to country and state to state. If you feel like you need legal consultation in addition to this form, then be sure to consult a legal attorney including seeking advice pertaining to HIPAA compliance, the HITECH Act, and the U.S. Department of Health and Human Services regulations, etc. ADIRA is a social media marketing company. We are NOT attorneys, and although this form is based on our own research, it does not represent legal advice and both the form giver and signer of this form both acknowledge this fact and remove ADIRA from all liability.