AUTHORIZATION FOR RELEASE OF INFORMATION & PHOTOGRAPHY

PATIENT NAME (PLEASE PRINT)_____
DATE OF BIRTH:_____
STREET ADDRESS:_____
CITY, STATE, ZIP:_____
HOME PHONE:_____ WORK PHONE:_____

I hereby expressly grant to Comprehensive Rehab the right to make, use and/or publish information, photographs, or any other reproductions of my physical likeness for various Comprehensive Rehab communication efforts, such as pamphlets, booklets, videotapes, audiotapes, slide shows, company web site (www.comprehensiverehabinc.com), etc.

I expressly grant this right to be used for educational, marketing and/or promotional information by Comprehensive Rehab for its professional and staff communications, public relations, marketing, and public health information programs.

If the use of the information or the photographs will reveal or imply information about my medical condition(s) _____ (list conditions here), the authorization for the use of this information or photographs will expire after _____10_____ years.

Patient's name may be used in conjunction with his or her images or information in any materials. Your anonymity will be maintained by using first name, last initial and city only.

_____
(Patient initials)

- I understand I may revoke this authorization by written request to Comprehensive Rehab at any time. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that once information is released pursuant to this authorization, Comprehensive Rehab can not prevent the re-disclosure of information to another third party.
- Comprehensive Rehab will not condition treatment on my signing this authorization.
- It is understood that the foregoing authorization is subject to the following LIMITATIONS:

_____ _____
(Indicate any limitations or NONE) (Patient Initials)

_____ _____ _____
Signature of patient / authorized person **Authorized person's authority to sign** **Date**
(If authorized person is signing, please also print name) (Parent, guardian, power of attorney, etc.)

_____
Printed name of authorized person