



13825 W. 85th Drive, Suite 200
Arvada, CO 80005

Authorization to Use and Disclose Protected Health Information for Marketing – Images/Photos

Patient Information (“Patient”)		
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		PHONE NUMBER
INSURANCE ID NUMBER	DATE OF BIRTH (mm/dd/yyyy)	

By signing this **Authorization to Use and Disclose Protected Health Information for Marketing** (“Authorization”), I authorize Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC to use and disclose the Patient’s health information described below for marketing and promotional purposes of Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC to the public via Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC’s websites on the Internet, social media accounts (including but not limited to Twitter, Facebook, and Instagram, etc.), brochures, flyers, newsletters, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journals, media announcements, newspaper, radio, magazine, and television, and other printed and digital marketing or media mediums and outlets.

I specifically authorize the use and/or disclosure of the following health information of the Patient for the purposes listed above: photographs, drawings, films, videos, recordings of Patient’s voice and image, and likenesses of Patient including Patient name and status as a current or former patient of Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC (collectively referred to hereafter as “My Images”).

Once My Images are disclosed pursuant to this signed authorization, I understand that the federal privacy law (45 C.F.R. parts 160 and 164) protecting such information may not apply to the recipient or viewer of the information (including the public and third parties), and therefore, may not prohibit the recipient or viewer (including the public and third parties) from copying, using, or re-disclosing it. Furthermore, I understand that once My Images are used or disclosed pursuant to this signed authorization that this information will likely always exist in the public domain and Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC will not be able to retrieve My Images from it.

I agree I will not receive, or have any claim to, any direct or indirect compensation, benefit or payment of any kind in exchange for signing this Authorization or in connection with the use, publication, or distribution of My Images pursuant to this Authorization. I understand that Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC will **not** receive payment or other remuneration from a third party in exchange for using or disclosing My Images as described above. I acknowledge that I have either received or been offered and declined a copy of this signed Authorization.

I understand that I may refuse to sign this Authorization and that Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC cannot condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this Authorization. I also understand that I may revoke this Authorization at any time except to the extent that action has been taken in reliance on it. To revoke this Authorization, I will provide the Privacy Officer at Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC (13825 W. 85th Drive, Suite 200, Arvada, CO 80005) with a written revocation, which shall not be effective until it has been received and approved by the Privacy Officer or his/her designee. I understand that unless I send written notice revoking this Authorization as described above, this Authorization form will remain in effect and will not expire.

Signature of Patient: _____ Date: _____

Signature of Legal Guardian/Personal Representative (if required): _____

Print name: _____

Legal Guardian/Personal Representative’s authority to act on behalf of Patient: _____