

Authorization for Release of Information

I authorize the West Virginia Chiropractic Society to disclose protected health information and information about me, my condition or treatment for purposes of publications, fundraising, advertising, marketing, research/education programs, publicity, promotion, education or publication in print, broadcast, and electronic media, including social media. This authorization includes my likeness on photo, videotape and digital media.

Briefly describe nature of project, including a specific description of what health/personal information will be involved and the specific audience or type of audience that may be involved:

This authorization also allows the media/public affairs/relations representatives to take photographs, films, audio and/ or videotapes, interview me or publish information about me, and to use my likeness and information in an appropriate manner for the above project.

List any limitations to the use of my information, photos, etc. here:

For future projects, I authorize the following (Please choose one):

Reuse for future projects (Initial here: _____)

Reuse for future projects only with my consent (Initial here: _____)

May not reuse for future projects (Initial here: _____)

I consent to the taking and use of the photographs, films, audio and/or videotapes, or other materials as described above. I understand that I may be identified in any use of the above materials. I realize that I will not be compensated in any way for the taking or use of photographs, films, audio and/or videotapes, or the publishing thereof. I understand and agree that this Authorization is valid for 10 years unless I cancel it in writing (as described in the next sentence).

I understand that I may cancel this Authorization at any time by contacting the Originating Entity indicated above. I understand that once my health information is used or disclosed, it is no longer protected by state or federal law.

I understand that I am entitled to a signed copy of this Authorization.

Name of Individual _____

Street Address _____

Email Address _____

Signature of Individual, Guardian or Representative