



**South Fork Physical Therapy**

530 Industrial Lane  
Oneida, TN 37841  
(423)569-3443 fax (423)569-2616

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**I, \_\_\_\_\_, authorize South Fork Physical Therapy to disclose to media representatives and/or public affairs staff members my protected health information regarding my condition and/or reason for treatment for purposes of publicity, promotion, education or publication in print, broadcast and electronic and social media. This authorization includes my likeness on photo, videotape and digital media.**

1. I authorize South Fork Physical Therapy to disclose to media representatives and/or public affairs staff members protected health information regarding my condition or treatment for purposes of publicity, promotion, education or publication in print, broadcast and electronic and social media. This authorization includes my likeness on photo, videotape and digital media.
2. This authorization expires 10 years from the date that I sign this authorization.
3. I understand that once my protected health information is used and/or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient(s).
4. I understand that I have the right to revoke this authorization at any time. My revocation must be in writing as described in the Notice of Privacy Practices. I understand that such revocation shall be effective for future uses and disclosures, but such revocation shall not be effective for information already used or disclosed. I understand that once my health information is used or disclosed, it is no longer protected by state or federal law.
5. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from South Fork Physical Therapy nor will it affect my eligibility for benefits.
6. I understand that I have a right to inspect and copy my own protected health information to be used or disclosed in accordance with the Notice of Privacy Practices.
7. I understand that I will not be compensated in any way for the taking or use of photographs, films, audio and/or videotapes, or the publishing of any article or information.
8. I understand that I may revoke this Authorization at any time by notifying the Hipaa Privacy Officer, Allison Gilbert at 423-663-3443 via a phone call or in writing to South Fork Physical Therapy, 950 Baker Hwy, Suite 7, Huntsville, TN 37756, but if I do, it will not have any effect on any actions South fork Physical Therapy took before it received the revocation.
9. I understand that there is potential for information disclosed based on this authorization to be subject to re- disclosure by the recipient and no longer be protected by the Privacy Rule.

\_\_\_\_\_  
Authorized Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date