

PROMOTION AND DOCUMENTATION AUTHORIZATION FORM

Patient: _____ Parent or Legal Guardian: _____

To assist in the promotion and documentation of our services here at the studio, we request permission to photograph you and/or your child. This photograph may be used, along with your name and testimonial, in printed form on display in our studio, in printed form on display during promotional events around the country, in digital form on educational CDs or on our website.

SPECIFIC AUTHORIZATIONS

- I give New Care permission to use my photograph or my child's photograph in printed form on display at the studio or during promotional events.
Initial _____
- I give New Care permission to use my name and/or my child's name in printed form on display at the studio or during promotional events.
Initial _____
- I give New Care permission to use all or part of my testimonial in printed form on display at the studio or during promotional events.
Initial _____
- I give New Care permission to use my testimonial in digital form on a promotional/educational CD or on our website.
Initial _____

By signing this form you are giving New Care permission to use and disclose your protected health information in accordance with the directive listed above.

You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, New Care will not refuse to provide sessions.

You have the right to revoke this AUTHORIZATION at any time. Details will be provided upon request.

Signature _____ Date: ____/____/____