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## AUTHORIZATION AND CONSENT TO RELEASE PROTECTED HEALTH INFORMATION

I (Printed Name) \_\_\_\_\_ hereby authorize Memphis Spine and Sport Chiropractic Rehab to use any oral statements, including testimonials from me regarding my care and treatment at Memphis Spine and Sport Chiropractic Rehab, that identify myself, as well as identifying pictures, photographs, videos, or any other representations or likeness of myself. I understand that information included in my statements, photographs, and/or videos is a part of my private, protected health information ("PHI") which is protected under both federal and state law. However, I hereby give my full, informed authorization and consent to Memphis Spine and Sport Chiropractic Rehab to disclose and make use of my given statements, photographs, and/or videos in connection with marketing and advertising, including video, that may be published in the form of newspaper, magazines, television commercial, radio advertisement, direct mailing, brochures, and/or social media such as blogs, websites or text messages.

I understand that I may refuse to provide authorization and consent for the release of my PHI and that Memphis Spine and Sport Chiropractic Rehab will not condition my care and treatment upon the completion of this authorization and consent. I also understand that I have a right to revoke this authorization and consent to the extent that the use or disclosure has not already occurred prior to my request for revocation. I understand that in order to revoke this authorization and consent, I must give written notice to Memphis Spine and Sport Chiropractic Rehab. The PHI used or disclosed as a result of this authorization will become public, and thus no longer protected by federal privacy regulations. This authorization is given without promise of compensation. This authorization and consent expires ten (10) years from the date provided below.

I am over 18 years of age.  Yes  No

Name: \_\_\_\_\_  
(Print Clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Print Clearly)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### If the person signing is under 18, consent should be given by a parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_,  
the name above, and I do give my consent without reservations to the foregoing on behalf of him or her or them.

Parent/Guardian Name: \_\_\_\_\_  
(Print Clearly)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Print Clearly)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_