**AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION
FOR PRINT MEDIA, DIGITAL MEDIA & PUBLICATIONS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize Adult & Teen Challenge USA and or Ready Now Recovery and its sublicensees, affiliates, assigns, and legal representatives to use and/or disclose health information, including my recovery story, for promotional, inspirational, educational and/or informational purposes.

I specifically authorize the use and/or disclosure of the following health information: My name, details about my addiction, my recovery and my story, for the use in publications (print or electronic), social media, web sites, video, audio, and/or other digital media.

I consent to the recording of my story (referred to as “Images”) by Adult & Teen Challenge USA and or Ready Now Recovery. I agree that Adult & Teen Challenge USA and or Ready Now Recovery has the full right to produce, use, copy, distribute, exhibit and transmit Images, including, without limitation, the right to edit, mix or duplicate and to use or re-use Images in whole or part as Adult & Teen Challenge USA and or Ready Now Recovery may elect. I agree that any Images provided by Me or recorded of Me become the sole and exclusive property of Adult & Teen Challenge USA and or Ready Now Recovery in perpetuity and that Adult & Teen Challenge USA and or Ready Now Recovery shall, in its sole discretion, decide if, when, and how Images are to be used. I release Adult & Teen Challenge USA and or Ready Now Recovery from any and all claims I might otherwise have to my Images including, but not limited to, claims based on a violation of the right to privacy or right to publicity, defamation, or claims to royalties or compensation of any kind. I agree that this Agreement is binding on my and anyone who may have rights through Me, including, but not limited to, my legal heirs, personal representatives, trustees, or assigns, and that neither I nor they will have a right to bring any claim or legal action of any kind against Adult & Teen Challenge USA and or Ready Now Recovery.

**I understand that:**

1. **I may refuse to sign this authorization and that it is strictly voluntary.**
2. **I may revoke this authorization at any time in writing, but if I do, it will not have an effect on any actions taken prior to receiving the revocation (i.e., Adult & Teen Challenge USA and or Ready Now Recovery cannot recall Images once they are in the public domain).**
3. **Once released the information may be re-disclosed and no longer protected under HIPAA or state or federal law.**
4. **I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.**
5. **I may have a copy of this form after I sign it.**

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| **SIGNATURES** |
| I have read the above and authorize the disclosure of the protected health information as stated. |
| Signature of Patient/Guardian/Patient’s Representative: | Date: |
| Print Name of Patient’s Representative: | Relationship to Patient |