



Goal Pediatric Orthotics

HIPAA Release of Information

MEDIA RELEASE AUTHORIZATION FORM

I, _____ hereby authorize Goal Pediatric Orthotics, LLC (GPO) its duly authorized employees or agents, to publish the following personal health information / story: _____ in print media, on the radio, TV, the GPO website, blog and on the following social media platforms: Facebook, Instagram, Twitter, Pinterest, and YouTube. Information relating to the diagnosis, treatment, and health care services provided or to be provided to me and/or my child which identifies names and other personally identifiable information **WILL NOT** be used.

The following (if any) information about me and/or my child will also not be disclosed:

_____.

I understand that any personal health information or other information released via the social media platform(s) above may be subject to re-disclosure by such social media platform(s) and may no longer be protected by applicable Federal and State privacy laws.

This authorization is valid from the date of my/my representative's signature below and shall expire on _____ (leave blank if no expiration is requested).

I understand that I have a right to revoke this authorization by providing written notice to GPO. However, this authorization may not be revoked if GPO, its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Patient/Guardian: _____

Signature of Patient/Guardian: _____

Date: _____