

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION AND MEDIA RELEASE

Client Name	Parent/Legal Guardian Name	The Kidz Club Center Location
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I authorize KY PPEC, Inc. d/b/a The Kidz Club and its respective owners, officers, executives, directors, employees, contractors, agents, and representatives (collectively "TKC") to use and/or disclose my Protected Health Information ("PHI") as specified in this Authorization. **For purposes of this Authorization, full face photos and comparable images are PHI under the HIPAA Rules.**

I authorize the photographing, recording, and unlimited use of my likeness (including my name, voice, and/or image) for commercial, promotional, or other use in any medium by TKC. Specifically, I authorize TKC to use and disclose PHI, including my PHI contained in any photograph(s), videotape, and/or interview recording, for: (1) use in internal and external advertising, marketing, or collateral materials; (2) use in news releases or stories, including television, newspaper, or radio broadcasts; and (3) use in public relations materials.

I further authorize TKC to disclose my PHI to external news or media entities for use and disclosure in connection with any news releases or stories, or other promotional or public relations materials being created or managed by that entity.

I only authorize TKC to use and disclose PHI contained in photograph(s) for: (1) use in internal and external advertising, marketing, or collateral materials; (2) use in news releases or stories, including television, newspaper, or radio broadcasts; and (3) use in public relations materials. _____

I understand that the PHI I am authorizing TKC to use and/or disclose may include my name, face, voice, likeness, health information such as diagnosis, treatment, and health care services provided or to be provided by TKC, and other PHI.

I waive all rights of attribution, inspection, or approval for any use of my likeness. I agree to hold TKC harmless for any liability, legal and/or financial, incurred as a result of said use. I waive any right to royalties or other compensation arising from or related to the use of my likeness. All right, title, and interest to any photographs, recordings, or any other materials using my likeness shall be the sole property of TKC. I shall have no interest in any such materials, nor shall I have any right to use the name or trademarks of TKC without its respective written permission.

TKC will ___ will not ___ receive compensation for the use and/or disclosure of my likeness.

I understand that I am not required to sign this Authorization and that signing is voluntary. TKC does not condition treatment, payment, benefit eligibility, or enrollment activities on the signing of this Authorization. I have a right to receive a copy of this Authorization. I can inspect or copy any PHI released under this Authorization. I have the right to revoke this Authorization in writing at any time, except to the extent that TKC has already acted in reliance on it. To do so I must send written notice to TKC, 1101 Herr Lane, Louisville, KY 40222. When my PHI is used or disclosed pursuant to this Authorization, including PHI contained in any photographs, videotapes, or interviews, it may be subject to re-disclosure by the recipient and may no longer be protected by federal and state law, except for Alcohol and Drug Abuse Records as defined in 42 C.F.R. Part 2.

This Authorization expires on: _____. I certify that I have received a copy of this Authorization.

If you are the patient's parent or guardian, the legal document(s) supporting your authority to act on behalf of the patient must accompany this Authorization.

Parent/Legal Guardian Signature

Relationship to Client

Date

The Kidz Club Representative

Date