



MEDIA RELEASE AUTHORIZATION

I, _____ [Print Name] hereby authorize Oregon Running Clinic and its duly authorized employees or agents to publish the following protected health information (“PHI”)/story:

My health information related to my analysis, diagnosis, and treatment of running training and physical therapy.

I consent to my PHI being used and published in various media platforms, including but not limited to: print media, advertising, podcast, radio, TV, the Oregon Running Clinic website, blog, and social media platforms including but not limited to: Facebook, Instagram, Twitter, and YouTube.

I understand that any personal health information or other information released via the media platforms above may be subject to redisclosure by such media platforms. I am aware that my protected health information will exist forever in either a recorded, printed, and/or electronic version or other version as may develop over time and that once it is published or disclosed in any form it will continue to be used. I understand that information about me used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting privacy of an individual’s health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable federal and state law.

I understand that I may revoke or withdraw this permission at any time to prohibit future use of my PHI. To do so, I must send written notice to Oregon Running Clinic, 333 S. State St. Ste V . I understand that Oregon Running Clinic, as well as other persons or entities, will retain copies of any such electronic or printed versions and shall retain these versions forever and that any revocation of this authorization will only extend to the versions of the information within Oregon Running Clinic’s control that have not been previously published. If not revoked/withdrawn by me, this authorization will self renew each year beginning on January 1st following the date that I sign it.

This authorization is valid from the date of my signature below.

Patient Name: _____

Signature: _____

Date: _____