



**Rehab United, Inc.  
Patient Information Consent Form**

I have read and fully understand Rehab United's Notice of Information Practices. I understand that Rehab United may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that Rehab United will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Rehab United's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

**If patient is under 18 years of age:**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Release Form  
Still Photos and/or Video Clips**

- I \_\_\_\_\_ hereby give permission to Rehab United Sports Medicine and Physical Therapy, Therapeeds, and/or the Sports Performance Combine to use any still photos or video clips of myself performing therapeutic and/or strength and conditioning exercises for the purpose of creating home exercise programs, and for updating my doctor on my progress.
  
- I \_\_\_\_\_ hereby give permission to Rehab United Sports Medicine and Physical Therapy, Therapeeds and/or the Sports Performance Combine to use any still photos or video clips of myself performing therapeutic and/or strength and conditioning exercises for the purpose of highlight videos, marketing materials, or for posting said photos and/or video clips to the Rehab United or Sports Performance Combine website.

I have also been informed that in no way will said photos or video clips be used for purposes other than those listed above.

\_\_\_\_\_  
(signature of client)

\_\_\_\_\_  
(signature of parent)

(if client under 18 years of age)