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Photo Release Form

We sincerely appreciate our patients, current and past, sharing their photos taken while having therapy at our facility or wearing their Ability Rehab t-shirt. It is our hope that through allowing us to use these candid images, you may help to inform, educate, and inspire future patients.

By submitting this form, I authorize Ability Rehabilitation Specialists to use my photo as indicated below.

I give ARS permission to display my photo in any of the following formats (check all that apply):

- within their office** (testimonial binder and video frame)
- on the ARS website**
- for other marketing purposes** (print, video, etc...)

I understand that:

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a *written* request to the address provided at the top of this form, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be re-disclosed.

(Electronic Signature)

(Date)