Consent for Participation in Publicity Endeavors

I authorize that my protected health information in the form of photographs and video clips may be used by ISU Physical & Occupational Therapy Associates for publicity purposes. The photographs and/or video clips may be on the ISU Physical & Occupational Therapy Associates website, at job fairs, recruiting endeavors, and other events to recruit students to, or promote the professions of physical and occupational therapy studies for the Department of Physical & Occupational Therapy at Idaho State University.

The photographs and video clips may be used for the following purposes:

- To recruit professionals into the fields of physical and occupational therapy studies.
- To promote the Department of Physical & Occupational Therapy.
- To inform potential patients of the services offered at the ISU Physical & Occupational Therapy Clinic at Idaho State University.

This authorization will be used by the Department of Physical & Occupational Therapy at Idaho State University for a period not to exceed 10 years from the date of this authorization.

I understand that I have the right to revoke this authorization, in writing, at any time, by sending such written notification to ISU’s Privacy Officer:

**ISU Privacy Officer:** James Francel  
921 S. 8th Avenue, Stop 8410  
Pocatello, ID  83209  
(208) 282-3022  
Email: franjam5@isu.edu

I understand that the information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

_________________________  ____________________________
Signature of Patient or Personal Representative  Witness Signature

_________________________
Print Name of Patient or Personal Representative  Print Name of Witness

_________________________
Date  Date

_________________________
Description of Personal Representative’s Authority or Relationship to the Patient