

HIPAA AUTHORIZATION FOR MARKETING USE AND DISCLOSURE

Child and Family Development values educating families about our quality healthcare services through our marketing efforts. We also prioritize protecting the privacy and security of your protected health information. Therefore, Child and Family Development requests your permission to use your information for its marketing and educational activities.

To ensure Child and Family Development uses your information in a manner in which you approve, please complete and sign this form.

I, the undersigned, do hereby grant permission to Child and Family Development to post my and/or my child's story, comments, testimonials, photos, videos or other items, hereinafter referred to as "Materials." Such Materials may be used on Child and Family Development's website, blog, social media, and other marketing channels for therapeutic, educational, and advertising purposes.

I hereby release and hold harmless Child and Family Development, its representatives, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of such "Materials," including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I grant permission to all items checked below unless otherwise specified:

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Story | <input type="radio"/> Photographs | <input type="radio"/> Other _____ |
| <input type="radio"/> Comments | <input type="radio"/> Videos | <input type="radio"/> Other _____ |
| <input type="radio"/> Testimonials | <input type="radio"/> Voice Overs | <input type="radio"/> Other _____ |

I acknowledge and agree that no compensation will be due to me as a result of the use of the "Materials." I understand that I am not required to sign this authorization form. Child and Family Development does not condition its treatment, payment, enrollment, or eligibility for benefits on my execution of this form. I understand that if I sign this form, I have the right to request that the usage of my confidential information for marketing purposes cease at any time by sending written notice to Child and Family Development at 4012 Park Road, Charlotte, NC 28209. This release will expire upon the sooner of twenty years or my written request.



PINEVILLE

11940 Carolina Pl Pkwy, #200, Pineville, NC 28134
p 704.541.9080 | f 704.542.0699

MIDTOWN

4012 Park Road, #200, Charlotte, NC 28209
p 704.332.4834 | f 704.372.9653

Child and Family Development will maintain a copy of this form and upon request you will be provided a copy of the signed forms for your records.

Signature of Client or Client's Representative

Date

Client's Name

Printed Name of Client or Client's Representative Relationship to Client

Address (Street Address, City, State, Zip Code)

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release.

Signature of Client or Client's Representative

Date

Signature of C&FD Staff Member

Date