

**Andrews Sports Medicine and Orthopaedic Center, LLC**

**Patient Authorization for Use and/or Disclosure of Protected Health Information  
for Marketing Purposes**

Patient Name:	Date of Birth:
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By signing below, I hereby authorize Andrews Sports Medicine and Orthopaedic Center, LLC and/or its physicians, employees, or contractors (collectively, "Andrews"), to use and to disclose to the general public for marketing, advertising, and promotional purposes, education and training purposes, and broadcast or other public display purposes, through any form or medium, including, but not limited to, publication on the Andrews' websites and social media channels, the above-named patient's protected health information as contained in the written or video testimonial and any other information submitted for such purposes. Any use and disclosure to the general public pursuant to this Authorization is being made at my request.

By providing this Authorization, I understand as follows:

1. I understand that this Authorization may result in the use and/or disclosure, through any form or medium, of health information, written and video images and testimonials, photographs, and any other images referencing the above-named patient's diagnosis and treatment. I understand that such information may be used and/or disclosed without further approval by or notification to me.
2. I understand that this Authorization is voluntary. I may refuse to sign this Authorization and the above-named patient's treatment and/or payment obligations will not be affected.
3. I understand that Andrews will not receive financial or in-kind compensation or remuneration in exchange for the use and/or disclosure of the above-named patient's health information unless an applicable legal exception applies.
4. I understand that any photographs, images, and written and video testimonials submitted shall become the property of Andrews. I understand that, by signing this Authorization, I release to Andrews any rights, title and/or interest of any kind that I may have in the photographs, images, and written and video testimonials submitted.
5. I understand that the information may be placed on the Andrews' websites, social media channels, or elsewhere and will be seen by members of the general public.
6. I understand that the information to be disclosed may be subject to redisclosure and may no longer be protected by federal or state law.
7. I understand that this Authorization is continuous in nature and is to be given full force and effect, including disclosing and/or utilizing any and all of the foregoing information learned or determined after the date hereof but prior to the expiration date noticed below.
8. I understand that I may revoke this Authorization at any time by notification to Andrews in writing, but if I do, it will not have any effect on uses or disclosures occurring prior to the receipt of the revocation. Unless otherwise revoked, this Authorization will expire five (5) years after the date below.
9. I understand that, upon request, I may receive a copy of this Authorization form after I sign it.
10. I understand that a photocopy or facsimile of this Authorization shall be valid and effective, just as the original.

*Please see the next page for our Nondiscrimination Policy.*

**The patient is at least 14 years of age and has the legal capacity to provide this Authorization on his/her own behalf:**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

**OR: The patient is under the age of 14 or otherwise does not have the legal capacity to provide this Authorization on his/her own behalf:**

\_\_\_\_\_  
Signature of Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative

\_\_\_\_\_  
Representative's Relationship to Patient

## Notice of Nondiscrimination and Accessibility Policy

### DISCRIMINATION IS AGAINST THE LAW

Andrews Sports Medicine and Orthopaedic Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Andrews Sports Medicine and Orthopaedic Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Andrews Sports Medicine and Orthopaedic Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Andrews Sports Medicine and Orthopaedic Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Andrews Sports Medicine and Orthopaedic Center' Compliance Officer/Administrator.

If you believe that Andrews Sports Medicine and Orthopaedic Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Andrews Sports Medicine and Orthopaedic Center Compliance Officer: Administrator • Mailing Address: 805 St Vincent's Drive, Ste 100 Birmingham, AL 35205
- Telephone Number: [205-939-3699](tel:205-939-3699)
- Fax Number: [205-939-0989](tel:205-939-0989)
- Email: [Lisa.warren@andrewssm.com](mailto:Lisa.warren@andrewssm.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance,

Andrews Sports Medicine and Orthopaedic Center' Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 [1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-205-939-3699](tel:1-205-939-3699).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-205-939-3699](tel:1-205-939-3699).

1-205-939-3699 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 [1-205-939-3699](tel:1-205-939-3699)

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero [1-205-939-3699](tel:1-205-939-3699).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-205-939-3699](tel:1-205-939-3699).

الصم والبكم: 1-205-939-3699 ناچملا ب كل رفاوتت ؤيوغلا ؤدعاسملا تامدخ ناف، ؤغلا ركذا ؤدحتت تنك اذا: ؤظوحلم. اتصل بهاتف

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: [1-205-939-3699](tel:1-205-939-3699).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-205-939-3699.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-205-939-3699.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-205-939-3699.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-205-939-3699.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-205-939-3699まで、お電話にてご連絡ください。

यान दः यद आप िहंदी बोलते ह तो आपके िलए म ु त म भाषा सहायता सेवाएं उपल ध ह। 205-939-3699

સચુ ના: જો તમે ગજુ રાતી બોલતા હો, તો િન:શ ડુ ક ભાષા સહાય સવે ાચો તમારા માટે ઉપલ ધ છે. ફોન કરો 205-939-3699