

Authorization to Use or Disclose Protected Health Information *Vibrant Health Imaging, LLC*

Printed Name: _____

Date of Birth: _____

As required by the Privacy Regulations, *Vibrant Health Imaging, LLC* may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization.

I hereby authorize this office and any of its employees to use or disclose my Patient Health Information to the following person(s), entity(s), or business associates of this office: **EMI, Electronic Medical Interpretations**

Patient Health Information authorized to be disclosed: **Thermal Images and related health history**, for the specific purpose of **Interpretation of said images**. This authorization will expire only upon written request.

I understand I have the right to:

1. Revoke this authorization by sending written notice to this office and that revocation will not affect this office’s previous reliance on the uses or disclosure pursuant to this authorization.
2. Inspect a copy of Patient Health Information being used or disclosed under federal law.
3. Refuse to sign this authorization.
4. Receive a copy of this authorization.
5. Restrict what is disclosed with this authorization.

I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.

Signature of Patient or Patient’s Authorized Representative

Effective Date

Witness

Consent to Use Medical Images & History

1. I do hereby give perpetual permission to **Vibrant Health Imaging** and its affiliates to use my images, case history and any supporting documentation in case reviews, peer review and advertising provided that:
 - a. My identity is not directly or indirectly disclosed (except in confidentiality to the peer review board).
 - b. Sufficient case matter is quashed to protect my identity as necessary.
 - c. **Vibrant Health Imaging** and myself jointly own copyright to material supplied by myself, and copyright can not be inferred onto other entities without my express written permission.
 - d. The information supplied shall not be used to cause harm or defame to any other person or profession.
2. Should these stipulations be breached, this consent is to be considered immediately revoked and all materials relevant to my case returned or destroyed.

How your images, documents and history may be used.....

Vibrant Health Imaging as a member of the American College ofThermology Inc, is currently compiling a database of case studies for use in future statistical analysis, case studies for teaching purposes, correlation studies and an image base for publicity and public education with known, accurate case histories.

Your identity (including information that could be suspected of leading to your identity) remains completely confidential, with only the case reviewers of the ACCT having access to your name (to verify any facts regarding your case).

No other organization will have access to your records or will approaching you directly for further information or soliciting you for any further studies. Any copies of test results etc. that are passed on to us as a part of your case study will be edited to remove your name, address and any other contact or identity details before being used further.

Should you be asked to be a part of an ongoing study by us, all further imaging that forms a part of that study will of course be without charge as a thank you for your co-operation.

We thank you for your help. Your contribution is very much appreciated and not taken for granted.

Signature of Patient or Patient’s Authorized Representative

Date

Witness