



# Q4+

2023  
QUARTERLY  
MARKETING KIT





## Q4 OBSERVANCES

OCTOBER-DECEMBER 2023

Here is what we are celebrating and observing over the next three months.

### OCTOBER

- Physical Therapy Month
- Breast Cancer Awareness Month
- Healthcare Security And Safety Week – October 8-14
- International Day Of Older Persons – October 1
- World Mental Health Day – October 10
- Halloween – October 31

### NOVEMBER

- Hospice Month
- Alzheimer's Awareness Month
- Home Care Month
- Diabetes Awareness Month
- Family Caregivers Month
- Compliance Week – November 5-11

### NOVEMBER (CONT.)

- Nurse Practitioner Week – November 12-18
- Family Literacy Day – November 1
- Veterans Day – November 11
- World Diabetes Day – November 14
- Family Health History Day – November 23
- Thanksgiving – November 23

### DECEMBER

- Older Driver Safety Awareness Week – December 6-10
- Influenza Vaccination Week – December 6-12
- World Aids Day – December 1
- International Day Of Persons With Disabilities – December 3
- Pearl Harbor Remembrance Day – December 7
- Hanukkah – December 7-15
- Winter Solstice – December 21
- Christmas – December 25
- Kwanzaa – December 26
- New Year's Eve – December 31



# NOMINATE A PT HERO FOR PHYSICAL THERAPY MONTH

**Happy National Physical Therapy Month!** Celebrating this month gives us a chance to recognize and thank all the physical therapists that play a vital role in upholding our mission and vision. Now more than ever, we want to recognize them and thank them for their tireless efforts and compassion.

Do you know a **PT Hero** that should be recognized during this time? If so, let us know by filling out our nomination form online. It takes just a few minutes. Please have a photo prepared to include with your nomination.

Deadline to submit your nomination is **Monday, October 23**. Look for posts on social media throughout the month honoring the nominees.

Find the link to nominate a hero on Springboard, in the Insider newsletter, via text, or scan the QR code below.



SCAN TO  
NOMINATE A  
HERO



# SPOTLIGHT ON DIABETES

November is **Diabetes Awareness Month** and November 14 is **World Diabetes Day**. Keep your patients and residents informed about diabetes, its risks, and how to maintain a healthy lifestyle.

## DIABETES STATISTICS

- **25.8 million** children and adults have diabetes or **8.3%** of the population
- **27%** of people with diabetes don't know they have it
- **42%** of people with diabetes are age **65 and older**
- Diabetes is the **leading cause** of kidney failure, non-traumatic lower limb amputations, and blindness
- The risk for **heart disease and stroke** is greater among those with diabetes

## DIABETES BROCHURE

Offer our diabetes resource brochure in your community! This brochure features diabetes statistics, definitions of the two types of diabetes, risk factors, and how therapy can help. You can find this on Springboard. If you need help with printing, contact the marketing department.





## KEEP UP ON COMPANY NEWS **WITH THE INSIDER NEWSLETTER**

- Publishes the second and fourth Thursday of each month
- Contains important company news and time-sensitive updates
- Regular columns include recruiting, Shining Stars, and our DEIB initiative



SCAN TO READ  
THE LATEST  
ARTICLES

Check your inbox for the latest issue or visit the Insider website.

**INSIDER**)))

INFINITY REHAB



**INFINITY** REHAB

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[INFINITYREHAB.COM/INFINITY-INSIDER](https://INFINITYREHAB.COM/INFINITY-INSIDER)





# SHARE the GOOD NEWS!



## PATIENT TESTIMONIALS

Have you had an amazing experience with a patient worth sharing? **We want to hear about it!**

- Document the testimonial. It could be written down, recorded on your phone, or be a voice recording.
- Have the patient sign a release form (see separate document).
- If possible, take a photo of yourself or team with the patient.
- Submit all information to the link below.



## SOCIAL MEDIA

Do you have a feel-good story about your team or a patient? **It might make a great social media post.**

- Gather all the details about the story, including photos.
- If the story involves a patient, have them sign a release form (see separate document).
- Submit all information to the link below.

For more information, visit the marketing and communications section on Springboard.

**Questions?** Email [communications@infinityrehab.com](mailto:communications@infinityrehab.com).



SCAN TO SUBMIT  
CONTENT

INFINITYREHAB.COM



# Authorization for Use or Disclosure of Protected Health Information for Public Release

This form must be signed by the subject of the information. If the subject is not legally competent to sign, the subject's legal representative may sign the authorization if the release is deemed consistent with the wishes of the resident/patient/client.

I, \_\_\_\_\_, hereby authorize  
(Resident/Patient/Client)

\_\_\_\_\_ (the "Provider")

and their legal representatives and assigns, the right and permission to use the information specified below for the purpose specified below only.

## I authorize "the Provider" to use or disclose the following protected health information:

- My name
- My statements
- My voice, included audiotape recordings
- My photographs, likeness, videotape and related representations of me
- My medical history with this healthcare provider. Describe any limitations:
- My personal history (non-medical information)
- Other: \_\_\_\_\_

## This personal and/or protected health information may be disclosed to:

- Local community newspapers or print media
- Company/facility social media (i.e., Facebook, company website, Twitter, etc.)
- Local news media (i.e., TV, radio, etc.)
- Software Application: \_\_\_\_\_
- All of the above
- Other: \_\_\_\_\_

I further waive my right to inspect or approve the finished article or material and/or to lay claim to any benefits derived there from.

I, hereby irrevocably and forever release, discharge, waive and hold harmless the Provider, and its officers, directors, employees, sponsors and agents (collectively referred to as "the hosts") from any and all claims, losses, causes of action and liabilities of any kind (including attorneys' fees) arising out of or relating in any way to the use of my information.

I voluntarily waive any claims that I might have against the hosts, and I understand and agree that the hosts assume no responsibility or liability for any situation that may occur as a result of the use of my information as authorized herein.

I understand that, as set forth in the provider's Notice of Privacy Practices or Patient Privacy Information (as appropriate), I have the right to revoke this Authorization, in writing, at any time by sending written notification to:

Compliance Officer  
Infinity Rehab  
8100 SW Nyberg Street, Suite 200  
Tualatin, OR. 97062

HIPPA120F  
Rev. 07/08/2019

**I understand that a revocation is not effective to the extent that the Provider has relied on the use or disclosure of the protected health information.**

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

I further understand that the Provider will not condition my treatment on whether I provide authorized for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy my protected health information to be used or disclosed as permitted under federal law and/or state law.
- Refuse to sign this authorization.

I understand this authorization includes disclosures for the purposes of public relations, media, training, and/or community relations without restriction as to frequency, manner, and duration of use, without compensation to me.

For media stories, I understand Premere Rehab, LLC. DBA Infinity Rehab and its representatives bear no responsibility for the components of any news media coverage in which I am included as a result of these interviews, photographs, audio recordings or video tapings.

I certify that I am not a minor and am free and able to give consent for this authorization. I also acknowledge that this Authorization and release was willingly signed, and the request for it was conducted appropriately by this company.

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Resident/Patient/Client Signature Date

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Legal Representative's Name and Relationship to Resident Date

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Legal Representative's Signature Date

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Facility Representative Name/Title Signature Date

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