



## **Informed Consent for Video Recording**

**Theraworx Rehabilitation is requesting your permission to record your session(s) of Physical Therapy care on video file(s). With granted permission, Theraworx Rehabilitation will post the edited footage on Theraworx Rehabilitation social media and website for public viewing and education. The purpose of this filming is to protect and serve you better by being able to review and evaluate our techniques and processes. No recording will be done without your prior knowledge and consent.**

**Promotion of Theraworx Rehabilitation is one reason why we are requesting the recording, and probable viewers of the video(s) may include peers, colleagues, and the general public who search for our service(s) with the hopes of health and wellness education/or finding a provider available to them.**

**All viewers of the video file(s), including myself, are bound by the ethical standards set by the Physical Therapy and related healthcare associations and governing bodies. The video file(s) will be treated with confidentiality by being stored on a password protected computer and will be destroyed at the request of any person involved given they felt they were portrayed in an undesired way.**

**By signing below, I am stating that I have read and understood the Informed Consent for Video recording and that I am permitting Theraworx Rehabilitation to video record the session(s) and share them based on the agreement as written above.**

**Name of patient:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dr. Brian Kanona, PT, DPT**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_