



## Testimonial, Photography And Video Consent

To maintain an active presence on our website and social media, we will commonly use client testimonials, photographs or video footage. It will be used for marketing, educational content and public relations for Functional Physical Therapy.

### Authorization and Release

I hereby authorize and give permission to Functional Physical Therapy to release identifiable information about me, my testimonial statement, and any photographs or video footage that may contain my image, likeness, and/or voice. This content may be used by Functional Physical Therapy indefinitely, unless otherwise given formal written notice. I agree and understand that I shall neither be compensated nor receive attribution for my testimonial, photograph or video content.

I also attest that I am authorized to grant Functional Physical Therapy the right to use my testimonial statement, and any photographs or video footage that may contain my image, likeness, and/or voice. I understand this content may be used in print and digital marketing materials, educational presentations, press releases, advertisements, websites, social media, or in other uses.

I release Functional Physical Therapy, employees and any persons involved with taking or producing these items from any and all liability which may or could arise therefrom. I waive the right to prior approval for the use of my testimonial statement, photography, or video footage, and hereby release Functional Physical Therapy from all claims for damages of any kind base on the use of this content or information provided within the testimonial statement, photography, or video footage. I understand that health information once disclosed may be re-disclosed by the recipient, and this re-disclosure may no longer be protected by federal HIPAA privacy laws.

I have read the terms of this release form fully. I understand the release and sign of my own free will.

### Check one:

- I agree to have my picture/video taken for training and all marketing and promotional purposes
- I agree to have my picture/video taken personal usage only (shared directly with patient only)
- I do NOT agree to have my picture/video taken at all

<b>Your Signature/Guardians Signature</b>	<b>Date</b>
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Client Name: \_\_\_\_\_ Guardian Name (if applicable): \_\_\_\_\_