



Patient Consent for Photography/Videotaping/Audiotaping/Interviewing

I hereby give my consent to Pro Vita Physical Therapy or its affiliates to take photographs, audio, or videotape images of me or my child (patient) for organizational Marketing or Publicity Purposes.

The above has been explained to me and I understand the photographs, audiotapes, and videotapes taken for marketing or publicity purposes may be used for publications and/or broadcast by the media, for public affairs purposes, including publications, advertisements, displays and/or placement on the Pro Vita Web-site. I hereby waive all rights that I may to any claims for payment or royalties in connection with the use of these photographs, audiotapes, and videotapes and agree that these shall always be the property of Pro Vita.

I further understand that this consent is subject to revocation/withdrawal by me at any time in writing to the appropriate person except to the extent that action has already been taken to release this information. Pro Vita will not refuse to treat me based on whether I agree to allow my health information to be used or disclosed.

I hereby release Pro Vita or any of its affiliates, employees or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from, the taking and authorized use of these photographs, audiotapes, videotapes and interviews.

Signature of Patient/Legal Representative

Date