



## **Patient Consent for Photograph Use**

Patient Name \_\_\_\_\_

Photographs may be taken of patients when they “graduate” from physical therapy. These photos are used on the McDonald Physical Therapy website, social media and posted within the clinic.

I give consent to McDonald Physical Therapy to use photographs of me or my child (or person for whom I am legal guardian). I understand the image may be seen by members of the general public that visit the clinic, website, or social media post by McDonald PT. Although these photographs will be used without identifying information such as name, I understand that it is possible that someone may recognize me. By consenting to these photographs, I understand that I will not receive payment from any party.

\_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)

For patients between 7 and 18 years, a signature below indicates that the information in this consent form have been explained to them, and they assent to use of my images as outlined above:

\_\_\_\_\_ (Signature of parent/guardian)

\_\_\_\_\_ (Date)

**If you wish to decline, please sign and date below:**

\_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)