

Date

Media Consent Form

Swan Lake Chiropractic would like your permission to use images taken of you on its website, social media pages, or marketing material.

By signing below you are consenting to the use of your personal image and likeness, including but not limited to images representing and depicting the treatment provided to you and the effect thereof, by Swan Lake Chiropractic for any lawful use Swan Lake Chiropractic deems appropriate, including for treatment, advertising (including social media and electronic media), illustration and publication to the public at large for educational purposes. You also understand you are entitled to no consideration, remuneration or payment for the use of your image in any advertising, promotional or educational materials.

You understand that Swan Lake Chiropractic will make all reasonable efforts to safeguard your privacy as required by law including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You also understand that Swan Lake Chiropractic may not and has not conditioned the rendition of treatment to you upon your authorization of the use of your image and/or likeness.

Patient Name
Patient/Authorized Representative Signature

You have read the the foregoing in its entirety and understand its terms.