



**Carolina
Therapeutics**

Photo & Video Release

I, _____, (patient/parent/guardian),
hereby authorize Carolina Therapeutics, PLLC, to take photographs and/or
videos of: _____ (patient's full name) to be
used for the following purposes: *(please check what is authorized)*

- Track therapy progress
- For supervision purposes
- For research purposes
- For professional presentation purposes
- Display for commercial use (i.e., social media, website, flyers, etc.)

OR

I _____, (patient/parent/guardian),

- do **NOT** authorize Carolina Therapeutics, PLLC, to take photographs
and/or videos of: _____
(patient's full name) to be used for any purposes.

Acknowledgement
I, _____ (patient, parent, legal guardian), have read and understand the policies stated above, and I agree to the terms as stated.
Signature:
Date: