



## PHOTO RELEASE FORM

Your signature on this form indicates your agreement to authorize this practice the right to take, edit, copy, and share/publish pictures taken of you receiving services at this practice.

The photos will be used for promotional materials, including but not limited to newsletters, social media (including, but not limited to Facebook, Instagram, and the practice website), and other print/digital communications. They will become the property of this practice.

There is no compensation offered for use of these images. By sharing a visual image of your experience with traditional healing modalities, other people may learn about this medicine.

You may change your mind about participation at any time. If you do so, the change cannot apply to photo materials used previous to the change of participation date; the change will apply beginning on the date of change. No photo materials will be taken or used on/after that date, unless a new photo release form is signed.

There is no penalty for choosing not to share your photos or for changing your mind about sharing your photos.

By signing, you agree with the above information, will hold this practice harmless and release liability given the subject of photo release covered in this document.

\_\_\_\_\_ **DE-IDENTIFIABLE PICTURES:** I agree to share *de-identified* pictures of myself receiving services at this practice, including acupuncture, moxibustion, e-stim, cupping, gua sha, herbs, shiatsu, or reflexology. These photos may include close-up images of an area of skin with needles or cups, or your hands holding some herbs, for example, and will not include any identifying features such as your face, unless you give express permission in the section below.

\_\_\_\_\_ **IDENTIFIABLE PICTURES:** I agree to share identifiable pictures of myself receiving services at this practice, including acupuncture, moxibustion, e-stim, cupping, gua sha, herbs, shiatsu, or reflexology. These photos may include *identifiable* pictures taken of me receiving services at this practice.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_