Children's Therapy Center, Inc.

childrenstherapyctr.com

Eagan, MN
(p) 651-994-9644
(f) 651-994-8962

Apple Valley, MN
(p) 952-997-2823
(f) 952-997-6931

Photography Consent and Release Form

Patient Name: _____ DOB: _____

Authorization of Release

I hereby authorize CTC to release or obtain my individually identifiable information, including photographs of your child (or self), under the circumstances described below.

Release: I authorize Children's Therapy Center, Inc.

_____ consent to release photo(s) of your child to use in our brochure;

_____ consent to release photo(s) of your child to use on our website;

_____ consent to release photo(s) of your child to use on any kind of advertisement/promotional activity;

_____ **Deny consent for Children's Therapy Center, Inc.** to release photo(s) of your child.

Note: This information may be disclosed in oral, written, and/or electronic form.

This consent will continue forever unless you cancel it by writing us at: Children's Therapy Center, Inc., 2795 Pilot Knob Rd, Eagan, MN 55121: but if the consent is cancelled, it will not change releases that have already been made.

I understand that:

- This authorization must be filled out completely to be valid. A copy is as valid as the original.
- CTC will not refuse to provide health care services to me, based on my refusal to authorize the use or disclosure of my personal health information for a purpose unrelated to those health care services.
- I may revoke this authorization at any time by notifying CTC in writing, but if I do, it won't affect any actions CTC took in reliance on this authorization before I revoked it.
- Once information is released to a third party according to this authorization, CTC cannot prevent its re-disclosure.
- This authorization does not limit the ability of CTC to use or disclose my health information as otherwise permitted by state or federal law.

Print Parent/Legal Guardian's Name: _____

Describe Relationship to Patient: _____

Parent/Legal Guardian's Signature:_____ **Date:** _____

(You are entitled to a copy of this authorization form)