



# Authorization to Take and Release Photo or Video

6860 Dallas Parkway, Suite 550 | Plano, Texas 75024

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Photograph or Video

I hereby give consent to Reliant Rehabilitation to (select all that apply)  take my photo and/or  take my video.

## Purpose

I hereby authorize use and disclose for the purpose of: \_\_\_\_\_

*Describe the purpose such as Reliant newsletter, website, etc.*

## Expiration

I specify use of my photograph or video to expire: \_\_\_\_\_

*Specify an expiration date, end of event, life of website, etc.*

## Resident Rights

**Resident has the right to revoke this authorization at any time by submitting in writing to either Director of Rehabilitation of your local Facility or Reliant Rehabilitation General Counsel at 6860 Dallas Parkway, Suite 550, Plano, TX 75024.**

**Reliant Rehabilitation is not receiving direct or indirect compensation for use/disclosure of the photograph, video, or audio. Reliant Rehabilitation will not condition treatment, payment, enrollment or eligibility for benefits on Resident signing this authorization.**

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Resident Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Representative Type of Authority: \_\_\_\_\_

*Examples: Guardian, Power of Attorney*

### STAFF USE ONLY

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reliant Rehabilitation Staff Member Signature & Title: \_\_\_\_\_

*Provide Completed Form to Facility, & copy to Director of Rehabilitation and Resident or Resident Representative*