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PHOTO RELEASE FORM

We here at MMFR know how helpful it is to see your progress through a photographic image. At the start of your treatment, we would like to take postural evaluation photos of you that we will compare with photos taken after you have received several sessions. As well, when we show you home exercises, it is useful for us to take a photo of you doing them so you may keep them on your phone or computer and refer to them as needed.

I, _____ give my permission for images to be taken of me or my child by Monadnock Myofascial Release for the purposes of:

_____ My own education and understanding of my body and the treatment I am receiving; these photos will be put in my medical record, and will be sent to me via email

_____ To share with other health care providers who have my permission to view them, they will be sent via email

_____ To be used in classes or workshops for educational purposes

_____ To be used in promotional or marketing materials

I understand that MMFR uses an email system that is secure but is not HIPPA compliant and I would like for my images to be sent via email anyway.

I also understand that I may revoke my permission at any time.

Name

Date