



**Therapy West | Physical Therapy, LLC,**  
Photo Consent Release Form | Share on TW Social Media Sites

What am I being asked to do?

- Let us take your picture & share on our social media platforms.

Why are you taking these pictures & sharing on social media?

- You are a patient at Therapy West and we want to share your success.

What information of mine will be shared?

- We will use ONLY your first name, no other information will be shared. Sample of what will be posted, “ We would like to congratulate (Your First Name) on working hard at his/her physical therapy and getting *back in the game!*”

Do I have to allow you to take my picture & share on your social media?

- Nope, you do not have to  
I \_\_\_\_\_ (full name)  
 give my consent  
 do not give my consent

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapy West Rep. \_\_\_\_\_ Date \_\_\_\_\_