



LKS & ASSOCIATES

Speech and Occupational Therapy

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MEDIA CONSENT AND RELEASE FORM

I hereby authorize LKS & Associates the use and/or disclosure of the following information about me and/or my child:

- Photographs, videotapes, film, and/or digital images
- Interviews, testimonials, written statements, and/or personal healthcare information (PHI), i.e. information in your health record that could identify you

I understand that I may not have the option to review the final material before it is published or broadcast and that LKS & Associates and/or other news media may reprint or rebroadcast the information I am authorizing for release following the initial presentation. I also agree that LKS & Associates and/or its agents may use any and all photo images taken of me or my child and personal statements/information for other marketing and/or public relations activities, including print, broadcast or electronic materials produced by LKS & Associates. I further agree that any and all photographs (negatives, positives and digital images), videotapes and/or film taken of me or my child shall constitute property of LKS & Associates, the photographer and/or its agents solely and completely, without any compensation to me.

I further understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken by LKS & Associates in reliance on this authorization, by sending written notice to: LKS & Associates, 12121 Wilshire Blvd. Suite 314, Los Angeles, CA 90025.

Patient's Printed Name: _____ Date: _____

Patient's Address: _____

Patient/Parent/Guardian's Phone Number: _____

Parent and/or Guardian's Printed Name if Patient is a minor: _____

Patient's Signature or Parent/Guardian's Signature if Patient is a minor: _____

Witnessed by (name): _____ Date: _____

Witnessed by (signature): _____