



Authorization Release Photo, Video, Voice Recording, Success Story

5800 Granite Parkway Suite 1000 | Plano, Texas 75024

Resident Name: _____ Date: _____

Consent

I hereby give consent to Reliant Rehabilitation to (select all that apply) take my photo take my video, take voice recording document my Success Story honor birthday Other _____

Purpose

I hereby authorize use and disclose for the purpose of posting to (select all that apply):

- Facebook LinkedIn Twitter Instagram YouTube Reliant Reveal Care Matters Monthly
- Practicing with Purpose Other _____

Expiration

I understand this consent will remain valid for 5 years from the date of my signature date, or until it is revoked by myself, or my representative by submitting in writing request to revoke to Reliant Privacy at Privacy@Reliant-Rehab.com or by mailing to Reliant Privacy 5800 Granite Parkway, Suite 1000, Plano, TX 75024.

Resident Rights

Reliant Rehabilitation is not receiving direct or indirect compensation for use/disclosure of the photograph, video, voice recording or success story. 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 and Title: _____

Form is to be retained by Reliant Department responsible for using/disclosing patient information on the SharePoint site designated for storing consent forms. Additionally, a copy is to be retained in the SNF resident record.