



**MEADOWLAND THERAPY**

• THE RESULTS YOU WANT • THE CARE YOU DESERVE •

## Meadowland Therapy Media Release Form

Through signing this release, I, \_\_\_\_\_ hereby authorize Meadowland Therapy and its staff to use photographs, video images, and/or written testimonials which may be accompanied by my name in print media, the Meadowland Therapy website, and on social media such as Facebook and YouTube for advertising and marketing purposes.

I understand that my name, photograph, video images, and/or written testimonials constitute personal health information, and this information released via the social media platform(s) above may be subject to re-disclosure by such social media platform(s) and may no longer be protected by applicable Federal and State privacy laws.

This authorization is valid from the date of my/my representative's signature below and shall expire five years from the date of signature below.

I understand that I have a right to revoke this authorization by providing written notice to:

Meadowland Therapy  
1033 W Quinn Rd  
Pocatello, ID 83202

However, this authorization may not be revoked if Meadowland Therapy and its staff have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for treatment.

Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_