



## Omni Therapy Solutions

Speech·Occupational·Physical

1053A Sparkleberry Lane Ext., Columbia, SC 29223

Phone: 803-567-3348 | fax: 803-728-3044

### Video/Photograph Authorization

I, \_\_\_\_\_, do hereby grant/deny permission to Omni Therapy Solutions,

LLC to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of the patient for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on Omni Therapy Solutions.

\_\_\_\_\_ Deny permission to use patient's image at all.

\_\_\_\_\_ Grant unrestricted permission to use the patient's image in connection with Omni Therapy Solutions. I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that Omni Therapy Solutions may use these images for a variety of purposes and without further notification. These purposes include, but are not limited to:

- Omni Therapy Solutions social media
- Omni Therapy Solutions print/marketing materials

I understand that the child's surname will not be used in conjunction with any video, printed, or digital images. I authorize this release based on the following conditions: These records become the property of Omni Therapy Solutions, LLC or its representatives. This release is given without the promise of compensation. This release is effective until terminated by a retraction in writing from the person granting this authorization. The parent/legal guardian and the patient do release Omni Therapy Solutions, LLC any right, title, and/or interest of any kind they may have in the records produced.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

If you have any questions about the above, please let staff know.

### Communication Release Form

I hereby authorize Omni Therapy Solutions permission to contact and communicate in the following ways:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Text

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Voicemail

*By submitting this form, I consent to receive SMS text messages from Omni Therapy Solutions for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out. You acknowledge that you have read and understood our Terms and Conditions and Privacy Policy, which can be seen at <https://www.omnitherapysolutions.com/general-9>*

Parent/Guardian Signature: \_\_\_\_\_

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