Media Release Form

I, [_____], hereby grant Continental Wellness Center (hereinafter referred to as "the Center"), its representatives, employees, and assigns the right to use and reproduce photographs, videos, and/or audio recordings of me (hereinafter referred to as "the Media") for promotional and marketing purposes.

I understand and agree that the Media may be used in various marketing materials, including but not limited to, brochures, flyers, advertisements, social media posts, websites, and other digital platforms.

I understand that the Media may be used to promote the services offered by Continental Wellness Center, which includes mental health services emphasizing evidence-based practices, empowerment, and strength-based approaches to help individuals overcome obstacles and achieve their desired quality of life.

I hereby release, discharge, and hold harmless Continental Wellness Center, its representatives, employees, and assigns from any and all claims, demands, or causes of action that I may have against them arising out of or in connection with the use of the Media.

I understand that my participation in the Media is voluntary, and I will not receive any compensation for the use of the Media.

I acknowledge that Continental Wellness Center is committed to protecting the privacy and confidentiality of its clients and complies with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations governing the use and disclosure of protected health information.

I understand that the Center may use the Media in accordance with its privacy policies and procedures, and that the Media may be shared with third parties for marketing purposes, provided that my identity and any identifiable personal health information are not disclosed without my written authorization.

I certify that I am at least 18 years of age and have the legal capacity to enter into this agreement.

By signing below, I acknowledge that I have read and understood the terms of this Media Release Form and voluntarily agree to its provisions.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone Number: _____ Email: _____

Please note: This form is designed to be HIPAA compliant by ensuring that the release of any protected health information (PHI) is done with the client's explicit written authorization.