



Informed Consent Form

I understand that MANA Performance Therapy will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

Photographs or videos taken during initial evaluation, progress evaluation, follow up visits, and discharge will be used for postural comparison purposes and as educational tools. By signing below I consent to the use of these photographs or videos in a professional manner. I do hereby agree and give my consent for MANA Performance Therapy to furnish care and treatment that is considered necessary and proper in the diagnosing or treating of my physical condition.

I understand that I retain the right to revoke this consent by notifying the practice in writing at any time. I hereby certify that all the above information is true to the best of my knowledge.

Patient/Parent/Guardian Signature: _____

Date: _____