

**Patient Social Media Release Form****Patient Information:**

- Patient's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Consent for Social Media Release:**

I, the undersigned, understand and agree to the following terms regarding the use of my information on Murfreesboro Vascular and Interventional/ Back and Neck Pain Center social media channels:

**1. Description of Social Media Use:**

- We may use some images or videos to share patient success stories or educational content about procedures and our clinic.

**2. Permission to Use Information:**

- I grant permission for Murfreesboro Vascular and Interventional/ Back and Neck Pain Center to use my pictures, name, and/or testimonial on their official social media accounts.

**3. Duration of Consent:**

- I understand that this consent is valid indefinitely unless I provide written notice of revocation.

**4. Revocation of Consent:**

- I have the right to revoke this consent at any time by providing written notice to Murfreesboro Vascular and Interventional/ Back and Neck Pain Center.

**5. Understanding of Risks:**

- I understand that information shared on social media is public and may be shared by others. Murfreesboro Vascular and Interventional/ Back and Neck Pain Center will take reasonable steps to maintain privacy.

**6. No Compensation:**

- I understand that I will not receive compensation for the use of my information on Murfreesboro Vascular and Interventional/ Back and Neck Pain Center social media.

**7. Contact Information:**

- In case Murfreesboro Vascular and Interventional/ Back and Neck Pain Center needs to contact me regarding the use of my information, they may reach me at the following contact information:
  - Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_

**Patient Consent:**

I have read and understood the terms outlined in this Social Media Release Form. I voluntarily consent to the use of my information as described.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_