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MEDIA CONSENT

I hereby authorize Lisa Klein Speech the use and/or disclosure of the following information about me or my child:

- Photographs, videotapes, film and/or digital images
- Interviews, testimonials, written statements and/or personal healthcare information (PHI)

I understand that I may not have the option to review the final material before it is published or broadcast and that Lisa Klein Speech and/or other news media may reprint or rebroadcast the information I am authorizing for release following the initial presentation. I also agree that Lisa Klein Speech and/or its agents may use any and all photo images taken of me or my child and personal statements/information for other marketing and/or public relations activities, including print, broadcast or electronic materials produced by Lisa Klein Speech. I further agree that any and all photographs (negatives, positives and digital images), videotapes and/or film taken of me or my child shall constitute property of Lisa Klein Speech, the photographer and/or its agents solely and completely, without any compensation to me.

I further understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken by Lisa Klein Speech in reliance on this authorization, by sending written notice to: Lisa Klein Speech 12121 Wilshire Blvd. Suite 314, Los Angeles CA 90025.

I sincerely thank you for your participation.

Patient Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Authorized representative/guardian/parent (if minor):

Name (print): _____

Name: (signature): _____

Witnessed by (name): _____

Witnessed by (signature): _____

Date: _____