



Paramount Chiropractic & Wellness
1201 Richardson Drive, Suite 130
Richardson, Tx 75080
T: 214-613-2989

Please complete & email to pcwgonstead@gmail.com

Informed Consent for Video Recording

Dear Sir or Madam

I am requesting your permission to record our session(s) of chiropractic care on video file(s). With granted permission, I will post the edited footage on my social media and website for public viewing and education. The *purpose of this filming* is to *protect and serve you better* by being able to review and *evaluate my techniques* and processes. ***No recording will be done without your prior knowledge and consent.***

Promotion of this office is one reason why we are requesting the recording, and probable viewers of the video(s) may include peers, colleagues, and the general public who search for our service(s) with the hopes of health and wellness education/or finding a provider available to them.

All viewers of the video file(s), including myself, are bound by the ethical standards set by the Chiropractic and related healthcare associations and governing bodies. The video file(s) will be treated with confidentiality by being stored on a password protected computer and will be destroyed at the request of any person involved given they felt they were portrayed in an undesired way.

By signing below, I am stating that I have read and understood the Informed Consent for Video recording and that I am permitting Paramount Chiropractic & Wellness (P.C.W.) to video record the session(s) and share them based on the agreement as written above.

Name of patient or practice member at (P.C.W.): _____

Signature: _____ Date: _____

Dr. Jonathan “YONI” Pearlman D. C.

Signature: _____ Date: _____