MEDIA RELEASE FORM

You have been asked to provide consent for Sunderlin Behavioral Interventions to photograph and/or videotape your child, _____, engaged in a therapy session with our staff. With your permission, we may utilize the photograph and/or video recordings on our company website and/or social media site (Facebook, twitter, etc.…) for showing what a typical therapy session looks like at our clinic. Any photograph and/or video recordings that may be used on our company website and/or social media site will only show your child in a positive and respectful manner (e.g., fully engaged with the therapist and enjoying the session). You and your child's individual privacy will be maintained, and you have the right to view and approve any photograph and/or videos prior to the inclusion of a photograph and/or video on our company website and/or social media site upon your request.

Sunderlin Behavioral Interventions would also like to ask for your permission to use photograph and/or video record for research and/or presentation for the sole purpose of educating others on therapy within our company. Please indicate which uses you consent to by initialing below. You are free to initial any number of spaces, from zero to all the spaces, and your response will in no way affect you or your child's current or future treatment. You also have the right to revoke your permission for us to use photographs and/or videos of your child at any time by writing a letter stating so. Sunderlin Behavioral Interventions will honor your request without any negative affect on your child's current or future treatment. Photographs and/or video recordings will remain securely stored in a secure data system on company premises. If you would like a copy of your child's video, this can be provided upon your request.

I give permission for portions of photographs and/or videotaped treatment sessions to be shown on Sunderlin Behavioral Interventions website and or social media site.
Initials: _____

I give permission for portions of photograph and/or videotaped treatment sessions to be shown during educational and/or research presentations.
Initials: _____

I give permission for portions of photograph and/or videotaped treatment sessions to be shown for clinical or medical record review through HIPAA compliant software.
Initials: _____

I have read the above description and give my consent for the use of photographs and/or videotapes as indicated above.

_____
Print Your Child's Full Name

_____
Signature parent/guardian Date

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