



Services Location:
31 Fairfield Avenue
West Caldwell, NJ 07006
973-771-1582

Administrative Office:
70 Darlington Drive
Wayne, NJ 07470
www.intensivetherapeutics.org

VIDEO / PHOTO RELEASE FORM

Please complete and submit this form and prior to your child's program/service start date.

Intensive Therapeutics, Inc. uses video documentation to demonstrate each child's progress while working hard on individual goals, especially during our intensive therapy programs, by capturing short video clips of each goal and uploading them to our electronic, HIPAA-compliant client record system.

For clinical purposes:

Any videos that are saved will be shared with each child's parents/family using a unique link and may also be password-protected. If requested, these videos may also be shared with other members of the child's team, including other caregivers, therapists from other disciplines, school therapists, teachers, doctors, and other relevant professionals.

For presentational/educational purposes:

Some photos and/or video clips may be used in parent group presentations to explain the clinical relevance and benefits of activities performed during our programs, and to show other parents examples of possible goals for their child to work on in the future. These presentations are shown in our facility and only to parents of other children enrolled in our programs.

For social media/website:

Some photos and/or video clips may be included on Intensive Therapeutics' social media accounts (Instagram and Facebook) to educate the community about therapeutic and occupation-based activities that occur during our programs. In some instances, they may also be featured on our website.

Please check either "Yes" or "No" for each item below:

- Yes No I hereby grant permission for Intensive Therapeutics to use videos/photos of my child for **clinical** purposes.
- Yes No I hereby grant permission for Intensive Therapeutics to use videos/photos of my child for **presentational/educational** purposes.
- Yes No I hereby grant permission for Intensive Therapeutics to use videos/photos of my child for **social media/website**.

Child's Name

Parent/Guardian's Name (Print)

Relationship to Child

Signature of Parent/Legal Guardian

Date