



Therapy Center at West Caldwell  
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## Video/Photo Release Form

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

Intensive Therapeutics 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 sharing purposes:**

Group photos/videos including your child may be shared with parents of other children in the photo/video.

### **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 **sharing** 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 the organization's **social media/website**.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date