



## PHOTO & MEDIA RELEASE CONSENT FORM

### 1. Purpose of Photography & Video

A to Z Behavioral Services may take photographs and/or video recordings of children participating in therapy sessions, activities, programs, or within the facility. These images may be used for marketing, educational, or promotional purposes.

Possible uses include, but are not limited to:

- Company website
- Social media platforms (e.g., Instagram, Facebook, LinkedIn)
- Printed materials (brochures, flyers, newsletters)
- Digital advertisements
- Internal presentations
- Educational or training materials

### 2. Authorization

I, \_\_\_\_\_, the parent/legal guardian, hereby grant permission to A to Z Behavioral Services and its representatives to photograph and/or record my child for the purposes described above. I understand that my child's image may appear in print or digital media, may be publicly accessible, and that I will not receive compensation for its use. Images may be used indefinitely unless consent is revoked in writing.

### 3. Confidentiality & HIPAA Acknowledgment

A to Z Behavioral Services will not disclose diagnoses, treatment details, or protected health information unless separately authorized in writing. Images will be used respectfully and without identifying sensitive clinical information.

### 4. Consent Options

Full Consent – I grant permission for my child's image and/or video to be used for marketing and promotional purposes as described above.

Limited Consent – I grant permission for use in the following formats only (circle or specify):

- Website       Social Media       Print Materials       Internal Use Only

No Consent – I do NOT grant permission for my child's image or likeness to be used.

### 5. Revocation of Consent

I understand that I may withdraw this consent at any time by providing written notice. Withdrawal applies to future uses only and does not require removal of materials already published.

### 6. Release of Liability

I release and hold harmless A to Z Behavioral Services, its employees, contractors, and representatives from any claims related to the authorized use of media.

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_