



PHOTOGRAPH/VIDEO RELEASE FORM

Client Name: _____ **Date of Birth:** _____

Innovations In Learning follows strict guidelines to ensure the privacy, safety, and dignity of every individual while being photographed and/or video recorded. Photographs and video recordings remain anonymous unless permission is given otherwise. I understand that if I object to being videotaped and photographed, it will in no way jeopardize my treatment services at Innovations In Learning. I understand that individual photographs, group photographs, and video recordings will be used for the following purposes:

SUPERVISION *(please initial)* _____ Accept _____ Refuse

Innovations In Learning utilizes video recording as a means to supervise and train employees. It also serves as a way to review a client program and develop appropriate treatment plans.

INTERNAL USE *(Please initial)* _____ Accept _____ Refuse

Photographs and video recordings may be used to share within Innovations to promote and document activities and events. Examples of use may include internal newsletters and scrapbooking.

INTERNET: WEBSITE AND SOCIAL MEDIA *(Please initial)* _____ Accept _____ Refuse

Photographs and video recordings may be used to promote services and activities on the Innovations website and on social media sites, such as the Innovations In Learning Facebook page.

PUBLIC RELATIONS/COMMUNITY AWARENESS *(Please initial)* _____ Accept _____ Refuse

Photographs and video recordings may be used in local newscasts/paper and Innovations promotions such as brochures and flyers.

The undersigned hereby authorizes Innovations In Learning to take photographs and/or video recordings.

I may revoke this authorization at any time (except to the extent that action has already been taken in good faith reliance on the authorization) by submitting a written revocation request to Innovations In Learning. This authorization continues for 60 days after services have been terminated. However, I understand the released information may continue to remain in circulation unless written revocation has been submitted.

Client/Guardian Signature

Witness Signature

Date

Date