

## Consent for Treatment and Photography Release

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I hereby give permission to Gray Consulting and Therapy, LLC to provide evaluation, consultation, or therapy services to \_\_\_\_\_.  
It is understood that the provider will consider any personal identifying information as privileged and will hold such information in confidence.

I understand that as part of therapy, my child may be photographed, audio-taped, or video taped. Examples of this include video modeling social skills, audio taping voice or articulation, or taking photographs. This information could also be used for professional development and training purposes. Please know you have the right to decline or restrict whether or not we collect this information. Kindly indicate your permission and any restrictions on photographs, audio, or video information.

- I give permission for Gray Consulting and Therapy to obtain photographs, audio recording or video recording of my child *as part of their evaluation or treatment.*
- I give permission for Gray Consulting and Therapy to use photographs, audio recording or video recording *for professional development or training purposes.* I understand my child's name will not be used.
- I give permission for Gray Consulting and Therapy to obtain photographs, audio recording or video recording of my child, *with the following restrictions* on how it can be used: \_\_\_\_\_
- I **DO NOT** give permission for Gray Consulting and Therapy to obtain photographs, audio recording or video recording of my child as part of their evaluation or treatment.

By providing my email address below, I give permission to Gray Consulting and Therapy, LLC to provide me with notices, newsletters and general updates about the practice. Gray Consulting and Therapy, LLC will not sell, release, or pass on your email address or other personal information to any third party organization. I understand I can opt out of these notifications at any time by contacting Gray Consulting and Therapy. If left blank, you will not receive email updates.

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

I understand I may revoke this authorization at any time by submitting a written statement of revocation to Gray Consulting and Therapy, LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if parent/guardian/relationship to client