



A nonprofit, community medical center

**Outpatient Pediatric Physical Therapy and Occupational Therapy
Consent for Videotapes and Photographs**

Child's Name: _____

Parent / Guardian's Name: _____

CONSENT FOR VIDEOTAPING & PHOTOGRAPHING FOR USE AT TMMC:

Therapists often photograph children who receive therapy services to help monitor and document a child's areas of concern, as well as progress. Photos are used and reviewed only by TMMC staff and Physicians involved in the child's treatment. Parents are welcome to view their child's photographs at TMMC. The term "Photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

Please initial by the statement of your choice:

____ **I do** give my consent for my child to be videotaped and/or photographed as part of his/her therapy program. Photographs and videos will be included in my child's medical records, and will not be released without your authorization or pursuant to law.

____ **I do not** give my consent for my child to be videotaped and/or photographed as part of his/her therapy program.

Signature of parent or guardian

Date

CONSENT FOR VIDEOTAPING & PHOTOGRAPHING FOR EDUCATIONAL AND PUBLIC AWARENESS PURPOSES:

Therapists at TMMC may be asked to provide in-services or speak at seminars for educational and public relations purposes. We often like to include videotape, slides, or photographs during our presentations.

Please initial by the statement of your choice:

____ **I do** authorize the use and disclosure of the photography for educational and public relations purposes. Neither I, nor my child, will seek any financial reimbursement for the use of these images. I understand that my child's name and any identifying information, will not be used in association with these images. I and my successors or assigns hereby hold the hospital, its employees, my physicians(s), and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

____ **I do not** give my consent for my child to be videotaped and/or photographed for educational and public relations purposes.

Signature of parent or guardian

Date