

2026 MEDIA RELEASE

Photographs and/or videos may be taken during your child's time at our clinic for therapist use (i.e. to review productions, performance, and progress) and to share with parents and caregivers.

Additionally, we may video for in-house training of our staff (Speech Therapists, Occupational Therapists, Behavioral Therapists) in order to improve the overall quality of our services. These videos will **not** be shared or viewed by anyone outside of the A to Z Pediatric Therapy/ABA to Z, LLC, Team.

You may opt in or out of other use of photographs or videos that may be taken.

I ☐ **DO** ☐ **DO NOT** grant permission for my child to be photographed or videotaped for **display in the office** (i.e. pictures on walls, recognition board, showing their work).

I ☐ **DO** ☐ **DO NOT** grant permission for my child to be photographed or videotaped for **marketing or promotional use** (i.e. website, brochures, social media, etc.).

Print Patient's Name

Date

Parent/Guardian Signature

Relationship to Patient