



Identify · Motivate · Teach · Support

Permission for Photo and/or Video

Better Options Counseling (BOC), is seeking permission to collect photo and/or video of you or your child for the purposes of safety, training, and communicating with staff, parents, or guardians with events that may occur throughout the session. In the event that you or the child is involved in an incident that results in any form of injury (i.e. scratch, redness, wound, swollen body parts, rash, bruise, etc.), we may document the event and share with you or parents/guardians. Please read the description of each topic below and indicate “Y” if you are granting BOC permission to take photo or video and “N” if you are not granting BOC permission to take photo or video for each topic.

Note that ONLY the Board Certified Behavior Analysts (BCBA) is approved to take the photo or video

<u>Safety</u>	Description	Video	Photo
1.1	In the event that you or the child is involved in an incident that results in any form of injury (i.e. scratch, redness, wound, swollen body parts, rash, bruise, etc.), we may document the event and share with parents/guardians.	Y / N	Y / N
<u>Training</u>			
2.1	We are continuously growing and learning from one another including ourselves. The utility of video or photos may provide staff members with an opportunity to learn from multiple colleagues while also receiving feedback to improve implementation of programed goals. You or your child may be involved in this process to help train our staff members.	Y / N	Y / N
2.2	Some individuals learn best when viewing themselves or peers perform certain actions when conducting goals. Seeing them or their peers on the video/photo may demonstrate an increase in performance for the desired response.	Y / N	Y / N
<u>Communication with Parents/Guardian</u>			
3.1 (if applicable)	You or the child’s parent may request a video or photo of you or their performance when learning/practicing a goal. This may serve as a tool to also learn how to implement specific goals when parents/guardians are unable to meet with the BCBA during planned parent/guardians training sessions.	Y / N	Y / N

Client Signature: _____ Date: _____

Parent/Guardian Signature (if client is a minor): _____ Date: _____