



Video (Audio) Release Form

At Creative Hands ABA, we always seek to enhance our staff's knowledge and training. Additionally, as parent training is an integral part of our services, we have found that sharing videos of parents and their children working together is invaluable for you as you start ABA services for your child.

I give permission and consent for Creative Hands ABA to videotape and/or audiotape my child and/or myself during the time my child is enrolled in services. I understand these tapes will not be used outside the company and will be kept confidential. I understand that the tapes will be used for the purposes of developing more effective educational and therapeutic plans for my child and also for the purpose of education and training for company personnel. I understand I have the right to view, at any time, any videotapes of my child. Additionally, all video and/or audiotapes will be stored in a HIPAA-compliant and secure system.

- I give permission for Creative Hands ABA to record me/my child.
- I do NOT give permission for Creative Hands ABA to record me/my child.

Child's Name

Child's DOB

Parent Name (please print)

Parent Signature

Date