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AUTHORIZATION TO PHOTOGRAPH/VIDEOTAPE/AUDIOTAPE

I hereby authorize Dr. Kari Berquist or her associates to photograph, videotape, and/or audiotape Client/Child's Name: __________________________ D.O.B: _________________ while he or she is participating in evaluation, treatment services, or research activities with Dr. Berquist. The undersigned agrees that she may use or permit others to use the negatives, prints, videotapes, audiotapes, or films for the following purposes:

1. The recording(s) can be viewed by the clinician or her associates for treatment purposes.

________________ YES ________________ NO

2. The recording(s) can be shown in groups for other parents learning similar techniques for educational purposes.

________________ YES ________________ NO

3. The recording(s) can be analyzed for research purposes and used for scientific publications or presentations.

________________ YES ________________ NO

4. The recording(s) can be shown in classrooms to students for educational purposes.

________________ YES ________________ NO

5. The recording(s) can be shown in public presentations to non-scientific groups.

________________ YES ________________ NO

Please be aware that public presentations to scientific and non-scientific groups are often videotaped for public distribution by the group. Do you consent to have your recording used in a presentation that may be videotaped and publicly distributed (e.g., posted on a website, made available for purchase on DVD)?

________________ YES ________________ NO

Identifying information (e.g., last name, address, date of birth) will be kept confidential. When the recordings are no longer in use, they will be destroyed. This consent shall remain in force until revoked by me in writing. I understand that this consent is voluntary and I have the right to revoke this consent at any time.

__________________________ __________________

Printed name of legal guardian Date

__________________________ __________________

Signature of legal guardian Relationship to client