

PHOTOGRAPHY CONSENT FORM

Authorization for the use of Photographs, Film or Video Recordings of Members

Careloft is committed to the protection of its members involved in day programming.

In accordance with the Health Insurance Portability and Accountability Act (HIPPA) where possible, we will not permit photographs, film, video or other images of members to be taken or used without the consent of the member and their parents/guardians or caregivers.

Careloft will take all reasonable measures to ensure these images are used solely for the purposes for which they are intended. If you become aware these images are being used inappropriately you should inform Careloft immediately.

Careloft reserves the right at all times to prohibit the use of photography, film or video at any activity with which it is associated.

| | |
|---------------|---|
| Event: | Activities, ID Badges, Informational Media |
|---------------|---|

Member

(Complete below. Circle consent or do not consent)

| | |
|--|--|
| I, _____ consent or do not consent to being photographed, filmed or videoed while participating in the event(s) described above. | |
| Signature | |
| Print Name | |
| Date | |

Parent/Guardian/Caregiver

(Complete below, consent or do not consent)

| | |
|--|--|
| I, _____ consent to Careloft photographing, filming or videotaping _____ while participating in the event(s) described above. | |
| Signature | |
| Print Name | |
| Relationship to child/ vulnerable adult: | |
| Date: | |

This form will be reviewed and signed at the next annual PCSP.