

# Neurodevelopmental Institute of New Hampshire

*Optimizing Potential Throughout the Lifespan*

*www.ninhllc.com*

Client Name:		Date of Birth:	
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## Consent for Recording

Photographs, videotapes, digital or audio recordings and/or images are used for identification purposes and to ensure accurate record keeping. Recordings and/or images are also used during neuropsychological testing to aid in the collection of data at the time of testing, and to document psychotherapy sessions to aid in treatment planning and assessing progress.

I understand that Neurodevelopmental Institute of New Hampshire, LLC, retains the ownership rights to the images and/or recordings and I will not be compensated for any images and/or recordings taken. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used without a specific written authorization from me or my legal representative unless it is for treatment, payment or health care services rendered or otherwise permitted or required by law.

\_\_\_\_\_(Initial) I consent to photographs, videotapes, digital or audio recordings, and/or images being recorded for identification and record keeping purposes.

\_\_\_\_\_(Initial) I consent to photographs, videotapes, digital or audio recordings, and/or images being recorded for neuropsychological testing purposes.

\_\_\_\_\_(Initial) I consent to photographs, videotapes, digital or audio recordings, and/or images being recorded for documentation, treatment planning, and assessing progress in psychotherapy.

\_\_\_\_\_(Initial) *I DO NOT CONSENT to photographs, videotapes, digital or audio recordings, and/or images being recorded for any reason. I understand that my refusal to sign this form will NOT affect my eligibility for receiving services at Neurodevelopmental Institute of New Hampshire.*

Client Signature/Date: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Signature/Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Signature/Date: \_\_\_\_\_