

Toni-Cara Stellitano, LCSW
Certified Integrative Mental Health Professional
Holistic Family, Child, and Adolescent Psychotherapy
Dream Analysis
www.tonicara.com 631-942-0113
northshoreclinician@gmail.com

CONSENT FOR PHOTOGRAPHY/VIDEOGRAPHY

I, _____ authorize **Toni-Cara Stellitano, LCSW** to use
(Name) photos /Videos for Education and Research.

_____ (initial) To take and use still, video photographs/images or digital photographs and/or images of my child and/or their art work **without using her/his name or any other identifying information** for use for teaching, or research articles/book purposes. I understand that these photographs and images may be used in social media, professional publications and educational lectures/presentations without identifying information.

By signing below, I hereby agree to release **Toni-Cara Stellitano, LCSW** from any and all liability in using photographs of my child and their artwork for the above educational purposes, for which I give my consent.

I understand that:

- a) I have a right to withdraw my consent for **Toni-Cara Stellitano, LCSW** to use these photographs/images in the future by putting this request in writing to rescind my consent.
- b) If I refuse to sign this Consent or withdraw this Consent the educational or mental health care provided by **Toni-Cara Stellitano, LCSW** will not be affected.
- c) The photographs/images may be not used by anyone except **Toni-Cara Stellitano, LCSW** for educational purposes.

Signature of Parent, (or Authorized Decision-Maker)

Date

Please Print Clearly: The Parent, or Authorized Decision-Maker's:

Address: _____

E-Mail: _____ Phone#: _____