|  |
| --- |
|  |

**Attachment and Biobehavioral Catch-up (ABC)**

**NC ITP Consent for Video Recording and Release of Information**

This consent is expressly intended to release the N.C. Department of Health and Human Services and its personnel from any and all liability that would result from the taking and authorized use of the materials.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I |  | | *(name)* | hereby authorize the Office of Communications | | |
| to obtain or to permit: | |  | | | (*CDSA Name*) |

to *obtain* the following of me/my child *(check appropriate description(s)*

Photographs  Film/Videotape  Interview  Voice Recording

I agree that the above named may use or permit other persons to *use* the materials produced from this session for any of the proposed outlined below (check appropriate categories).

 Educational Publications

 Research Materials/Publications

 Advertising

 Department Website

 Department Publications

 Print or Broadcast Media

 Creation of ABC Video Montage to be given to family

If applicable:  I agree to the above on the condition that I will not be identified by name.

*Videos are part of the child’s protected, confidential record and will be retained and destroyed per NC DHHS record retention policy.*

I have read the above and I fully understand this release. I also understand that this release will remain in effect for the period of time needed to fulfill its purpose for up to one year or if I rescind this release by completing the revocation section at the bottom of this form. I further understand that any action taken on this release prior to the rescinded date is legal and binding.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  |  | | |  | |  | | |  | |
| Child’s First Name | | | | | MI | Last Name | | | | DOB | | | |  |
| Parent/Guardian Signature: | | | |  | | | Date: | | | | |  | |  |
| Address: | |  | | | | | | | | | | | |  |
| City/State/Zip Code: | | |  | | | | | | | | | | |  |
| Witness: |  | | | | | | | Date: | | | | |  |  |
|  | | | | | | | | | | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REVOCATION SECTION** | | | | |
| I do hereby request that this release be rescinded, effective | | |  |  |
|  | | | *(Date)* |  |
| Parent/Guardian Signature: |  | | |  |
| Date: |  |  | |  |
|  |  |  | |  |