



**Family Achievement Center Group  
Permission Form**

**Authorization for Video, Audio,  
Recording, and Photo of  
Patient Group/Treatment**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**By signing and dating this permission form you are acknowledging that:**

- Family Achievement Center, Inc. occasionally may conduct a video and/or audio recording of your evaluation, treatment, or group session. These videos are solely used by your therapist, and will remain confidential. Videos and/or audio recordings will not be released for any other purpose without your knowledge or specific consent.
- Family Achievement Center, Inc. has properly notified you that they may use photograph(s) of you, or your child in marketing material for Family Achievement Center, Inc.
- You are giving Family Achievement Center, Inc. consent to use any photograph(s) of you, or your minor child, in marketing material for Family Achievement Center, Inc.

\_\_\_\_\_  
**Patient, Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Family Achievement Center Representative**

\_\_\_\_\_  
**Date**