Sanilac County Community Mental Health Authority

**ABA TREATMENT-AUDIO-VISUAL, Group Interaction, Information Sharing, and BCBA consulting CONSENT and AUTHORIZATION**

I, (parent/guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize, and consent is hereby given for (Photographing, Videotaping, Group Interaction, Contracted supervision, and School Coordination) For (individual’s legal name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the Sanilac CMH ABA Program for purposes of

\_\_\_\_\_ ABA Treatment

\_\_\_\_\_ ABA Assessment

\_\_\_\_\_ ABA Education

\_\_\_\_\_ Information sharing/Data/ Record Review

\_\_\_\_\_ Therapist Training

\_\_\_\_\_ Direct Observation

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the material(s) used/sent onsite or offsite will be erased/destroyed following their stated purpose(s), This consent is effective only for the period beginning \_\_\_\_\_\_\_\_\_\_\_ (date) and ending \_\_\_\_\_\_\_\_\_\_\_\_ (date).

I understand that these materials will be treated as confidential information and will not be released/used by anyone other than Sanilac County Community Mental Health direct and contract personnel. I also understand that these materials may be sent offsite to the Contracted BCBA supervisor listed above for educational, treatment guidance, and consulting purposes. I further understand that I will remain anonymous. Lastly, I understand that the material(s) will be erased/destroyed within effective dates of this consent.

 I can withdraw my consent in writing at any time during this period.

I further understand that my signature does not waive my legal rights, including release of the program, or its agents, from liability for negligence.

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Witness Date Individual’s Signature (if able) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian’s Signature Date