2026

Media Consent Form

Nicole Comninellis Inc.
Physiotherapy (for kids)

PHOTO/VIDEO CONSENT

For objective analysis and certain assessments (e.g. the General Movements Assessment) which rely on qualitative review via replay, video and photograph media are extremely beneficial in supporting accurate assessment and therapeutic outcomes, by review of both the child in terms of continuous assessment, and therapist's treatment techniques in retrospect. The therapist can use this opportunity to enhance their skills further by critiquing their techniques.

This media is only taken with your consent and will not be used in any other means apart from that of your child's medical record: assessment, response to therapeutic input, record-keeping and for training of your child's caregivers, new therapists or with your specific consent, other therapists for their expertise. At times, it is beneficial to the child to discuss the images or video with colleagues or the referring doctor in order to seek their opinion or expertise, or to document their progress in an objective way. I understand that this would also be strictly confidential between all parties. We will never use your confidential medical information or media in social media or any other public forum. If there is any particular value in educating other therapists or presenting at a conference, for example, your express permission would be required for each instance.

Examples include: posture, functional task performance, gait analysis, slow-motion video analysis, specific assessment tasks, therapy and comparisons over time, as well as for your education purposes or home exercise carry-over.

I understand that this media will remain strictly confidential and will be used purely for therapeutic assessment and monitoring of my child. I understand that my child may at times need to remove items of clothing in order to obtain an accurate image/video, but that my child will not be forced to do this, and that respect will be maintained at all times. Video media may span the length of the therapeutic session. This consent stands in an ongoing manner and can be withdrawn at any time.

I, the undersigned hereby grant the practice of Nicole Comninellis Inc. (including therapists consulting within the practice) permission to take photographic and or video media of my child, as well as any caregivers or family members who may appear within the session.

Name of Child: _____

Name of Parent: _____

Date: _____ Signature: _____