



NO LIMITS RESIDENTIAL CARE LLC

“WE DON’T TEACH LIMITS HERE — WE TEACH POTENTIAL.”

FORM 5 — PHOTO, VIDEO & MEDIA CONSENT (HIPAA COMPLIANT)

SECTION 1 — WHY WE REQUEST PHOTO & VIDEO CONSENT

At No Limits Residential Care, many youth enjoy capturing memories of their achievements, friendships, and daily activities. Photos help children build confidence, maintain positive memories, and celebrate progress. They also assist new families in understanding what residential treatment looks like using real, authentic images — never AI-generated or staged. Your child’s privacy and dignity remain our highest priority.

SECTION 2 — CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Record Number: _____

SECTION 3 — PURPOSE OF THIS CONSENT

This form authorizes No Limits Residential Care LLC to take, use, and share photos or videos of the child named above under strict HIPAA-compliant conditions. No identifying information (name, diagnosis, DOB) will ever be released without separate written consent.

SECTION 4 — AUTHORIZED USES

- A. **Marketing & Program Promotion:** Website, brochures, flyers, social media.
- B. **Parent/Guardian Updates:** Activity highlights, outings, milestones.
- C. **Internal Program Use:** Documentation, treatment planning, staff training.
- D. **Peer-to-Peer Photos:** Friend photos, printed keepsakes, room décor.

SECTION 5 — PRIVACY & HIPAA PROTECTIONS

No identifying data, confidential documents, or sensitive information will appear in photos. No Limits complies fully with HIPAA, FERPA, and NC DHHS Level III regulations.

SECTION 6 — CONSENT OPTIONS (CHECK ALL THAT APPLY)

Marketing / Social Media: YES NO

Printed Marketing Materials: YES NO

Internal Documentation: YES NO

Parent/Guardian Updates: YES NO

Peer-to-Peer Photos: YES NO

SECTION 7 — REVOCATION RIGHTS

Consent may be revoked at any time in writing. Revocation does not affect photos already used while consent was active.

SECTION 8 — LIABILITY RELEASE

I release No Limits Residential Care LLC from liability regarding group photos, incidental appearances, or shared images used within the permissions granted.

SECTION 9 — SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Staff Witness Signature: _____ **Date:** _____