



Helping Children & Families Grow Together
Kearney N. Visser, Ph.D. PSY23855

Authorization to Take Pictures



By signing this authorization, I am allowing Dr. Kearney N. Visser to take pictures of my child for the purpose of intake and treatment progress. Pictures will be taken during conducting psychotherapy only. Pictures will be shared with the legal guardians/parents only. These pictures will not be disclosed nor shared with any other people or programs. These pictures will become part of the child's confidential psychotherapy notes and will be for the sole purpose of Dr. Kearney N. Visser.

Child's Name

Date of Birth

Legal Guardian/Parent Name

Signature of Legal Guardian/Parent

Date





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**This is a strictly confidential patient record. Law expressly prohibits re-disclosure or transfer*



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