Consent for Audio and Video Taping

For supervision and educational purposes, sessions will be audio and/or visually recorded. By signing this form, you are giving us permission to audio and/or visually record your assessment or treatment sessions and to use these recordings for supervision and educational purposes. Recordings will be destroyed when they are no longer being used for educational or supervision purposes, unless you have given consent for their use in a research study. Recordings will be treated with respect and confidentiality. We do not make copies of recordings for clients, because they are intended only for the training of the clinician.

Your signature below indicates that you consent to the use of audio and/or video recording during sessions.

_____________________________________________________________
Name of Client(s)  please print

___________________________________________________________  ______________
Signature of Client(s)        Date

___________________________________________________________  ______________
Signature of Legal Representative of Minor child (if applicable)   Date

_____________________________________________________________
Witnessed by         Date