

Here is a sample form – please modify it to suit your own needs – I cannot give you legal advice or be responsible for insuring that this release will protect you or your client – please seek your own legal advise

PERMISSION TO VIDEO TAPING THERAPY SESSIONS

I/We _____
consent to the video taping of therapy sessions with _____.
I/We are aware of the presence of the video equipment and permit the use of all or part of the video tapes for the purpose of: (please initial below the type of use you are permitting)

_____ (initial) Our therapist to assist in our therapy for educational review.

_____ (initial) Our therapist's consultation with a clinical supervisor(s) and/or training group.

In no way will the refusal to grant consent for this video taping effect my/our getting assistance for myself/ourselves. If at any time during the treatment process, we wish to stop the taping we may do so and still continue treatment.

Signature

Signature

Printed Name

Printed Name

Date

Date

Therapist's Signature: _____

Therapist's Printed Name: _____

Date: _____