

**INFORMED CONSENT
FOR AUDIOTAPING OR
VIDEOTAPING AND CONSULTATION**



In order to effectively train therapists and provide the best possible treatment, it is common for therapists to audiotape or videotape therapy sessions. It is also common for therapists to get consultation or supervision of their cases. In order to audiotape or videotape therapy sessions or have a consultant or supervisor listen to or view these tapes, clients must give written consent.

By signing below, I _____, willingly give consent to allow therapy sessions to be audiotaped or videotaped and listened to or viewed by a consultant, supervisor, or team of therapists. I understand that any consultant, supervisor or therapist who listens to or views my therapy sessions is under the same confidentiality requirements as my therapist. Furthermore, I understand that if by chance the consultant, supervisor, or therapist knows me socially, they will immediately leave the session and will not observe, seek, or be given any information about my case. I understand that the audiotapes or videotapes of my sessions will be kept strictly confidential and will be taped over or destroyed once they have been used. I also understand that the purpose of allowing audiotaping or videotaping of my therapy sessions is to enhance the training of my therapist and effectiveness of the therapy treatment I am receiving.

I understand that I may withdraw this consent at any time.

_____ Name of Client (Print)	_____ Signature of Client	_____ Date
_____ Name of Client (Print)	_____ Signature of Client	_____ Date
_____ Name of Therapist	_____ Signature of Therapist	_____ Date