

Client Consent for Observation, Audio Taping or Video Taping

I understand that Laurie Sanders is a Licensed Marriage and Family Therapist, License # 49465. Supervisor observation, audio taping or videotaping counseling sessions is part of my counselor's training and helps ensure that I receive the highest quality treatment possible. I understand that the audio tapes or video tapes will be used only for professional purposes in developing counselor competencies and will be reviewed only by the counselor, the counselor's supervisor and/or other therapists in training. All persons reviewing my audio tapes or video tapes are bound by the same strict confidentiality guidelines. I understand that observation, audio taping or videotaping will never occur without my awareness and consent. I also understand that tapes will be erased at the conclusion of supervisory review, unless I give permission to use them for future instructional purposes.

My signature indicates that I have read and understand the information provided and give permission for observation, audio taping or video taping of my therapeutic session or my minor child's therapeutic session:

Client Signature

Date

Client Signature

Date

Therapist Signature

Date