CONSENT FOR AUDIO/VIDEO RECORDING

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to the audio and video recording of my therapy sessions with Jenn Heatley.

I understand that these recordings will be used to further the quality of my therapy by enabling Jenn to self-supervise and to be supervised by Kate Halliday, LCSW-R.

I understand that pursuant to privacy laws, recorded therapy sessions will be stored on disks, not in a computer, and will be treated like other confidential documents.

I release Jenn Heatley from any liability or claim in connection with these audio-video recordings for the purposes stated herein. I understand that I shall receive no financial compensation for the use of these recordings.

I understand that I may ask for a copy of the recording of any session at any time. I further understand that upon my request, the recordings in question will be destroyed.

Please circle and initial the option(s) agreeable to you.

a) To be viewed by my therapist to learn or improve my treatment. \_\_\_\_\_\_\_\_\_\_\_

b) For consultation/supervision with professional colleagues \_\_\_\_\_\_\_\_\_\_\_

c) For transcription without any identifying information \_\_\_\_\_\_\_\_\_\_\_

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Client Signature date

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\*If client is a minor, signature of parent/guardian date