

CONSENT TO AUDIO/VIDEO RECORD SESSIONS

I, _____, consent and authorize MARIAN PERRY to audiotape and/or videotape my therapy session(s) and/or my minor child's therapy session(s), _____, solely for the purpose(s) set forth below.

I understand that the recordings shall become part of my client file and/or record. The recording shall only be used for authorized purposes below. This Consent may be revoked at anytime and MARIAN PERRY will cease recording my sessions from the date of the revocation. However, the previous recordings will remain part of my client file and/or record.

Purpose of Recordings:	Client:	Therapist:
Supervision (Internship):	_____	_____
	Initial	Initial
Research Purposes:	_____	_____
	Initial	Initial
Educational Purposes (Practicum):	_____	_____
	Initial	Initial
Regulatory Compliance:	_____	_____
	Initial	Initial
Other: __EFT Certification__:	_____	_____
	Initial	Initial

I consent and authorize MARIAN PERRY to audiotape and/or videotape my therapy sessions or my minor child's therapy sessions on the following dates:

☐ [Enter Specific Dates]: _____

☐ Every Session

Further, I understand that MARIAN PERRY cannot warrant and/or guarantee the recordings will not be accessed by unknown and unintentional third parties. Although MARIAN PERRY may utilize state of the art encryption methods, firewalls, and back-up systems to help secure the audio/video recordings, there is a risk that the recordings may be accessed by unknown and unintentional third parties. MARIAN PERRY will record the sessions on _____ and then download the recording onto MARIAN PERRY's computer in order to make a CD for the client file/record. The original audio recording will be saved on MARIAN PERRY's computer in an encrypted and secure file and/or on an external hard drive device that is also encrypted.

I understand that any recordings stored electronically shall be kept in accordance with MARIAN PERRY's electronic record storage policy set forth in MARIAN PERRY's Disclosure Statement.

***OPTIONAL I understand that my face, voice, and other identifying information may be seen/heard by my psychotherapist's supervisor. Along with this Consent, I grant my permission for my psychotherapist's supervisor, SUPERVISOR'S MARIAN PERRY, to observe the recordings consistent with the Authorization for Release of Information.*

By authorizing MARIAN PERRY to record myself or my minor child identified in this Consent, I understand that confidential and protected health information about me or my minor child will be disclosed and disseminated only for the purposes authorized.

By signing this Consent I agree to release, discharge, and otherwise hold MARIAN PERRY and its officers, directors, board members, employees, volunteers, interns, attorneys, and independent contractors harmless, from any and all liability, claims, causes of action of any nature, and/or damages (including medical and attorney fees) that may arise from, relate to, or with respect to the recordings. harmless, from any and all liability, claims, and/or damages that may arise from or relate to the recordings.

Signature of Client or Legal Guardian/Parent

Date

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Relationship to Client, if Applicable