

Authorization for Taping of Counseling Sessions

I, _____, hereby give permission for my Counselor, _____, to videotape my counseling sessions. I understand that there are two purposes for this taping: so that my counselor can consult with his/her consultant to ensure the best possible treatment planning for my case; and to allow the tape to be utilized for purposes of training other professionals and families in the use of techniques and methods related to psychotherapy.

I also understand that all therapy is bound by the laws of confidentiality, and that neither my counselor nor the consultant or training group will disclose any information about my identity or the details of my treatment outside of their consultation. Caution will be exercised to disguise the name and identity of the person on the tape, by changing the name, or not using portions of the tape in which identifying information is used.

I know that I can revoke this release in writing at any time I choose to.

Client's Signature

Date

Counselor's Signature

Date

