Client # _____

INFORMED CONSENT
(Observation/Recording)

One basis for the provision of quality service is the use of observation, including audio and/or video recording. Observation permits the clinician, the clinician-in-training, and the professional supervisor a means of monitoring progress and planning for the future sessions.

Audio and video recordings are considered to be part of the University's educational process not otherwise available to the client and are not part of your official clinical file. All recordings will be maintained in confidence and used for the sole purpose stated herein, then erased on or before the time when your official clinical file is closed.

I _____ certify that I am at least
Name of client
18 years of age, or if under 18, that this consent is also signed by my parent or guardian. My consent is given as a free and voluntary act.

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Guardian if Client is Less than 18 Years of Age Date
(please also sign below to consent to recording of yourself)

The following individuals also consent to being observed and/or video/audio recorded when participating in sessions at the clinical center. If minors other than the client are present and video recorded, the child's Parent/Guardian must sign below for each child.

Name of Individual	Relationship to client	Signature	Date
Name of Individual	Relationship to client	Signature	Date
Name of Individual	Relationship to client	Signature	Date
Name of Individual	Relationship to client	Signature	Date

_____ _____
Signature of Witness Date

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