

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
Client/Parent gave verbal consent

Date

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

Date

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

Verbal
Consent

Name of Individual

Relationship to client

Signature

Date

Verbal
Consent

Name of Individual

Relationship to client

Signature

Date

Verbal
Consent

Name of Individual

Relationship to client

Signature

Date

Verbal
Consent

Signature of Witness

Date