

CONSENT FOR TAPING SESSIONS

I (we) authorize A. Maren Whipple, LCPC to videotape sessions for the purpose of providing quality clinical care. Videotaped and/or audio taped sessions may be used only for the purpose of therapeutic training, consultation and education, and will not be used for any other purpose. All professionals in the field who may view these tapes are bound by confidentiality and A. Maren Whipple agrees not to use or permit the use of the full name or other specific identifying information not contained in/on the tape that might reveal the identity of the client(s).

Videotaped sessions are kept confidential and are not considered part of your medical record. Tapes are kept locked up and may be erased at anytime.

Sessions will never be taped without the clients' awareness and consent. This consent form can be withdrawn at any time by writing void across this form and signing it in the presence of the therapist.

Client Signature Date

Client Signature Date

Legal Guardian Signature Date

Other Family Member Date

Other Date

Other Date

Therapist Signature Date

* Each person present for videotaping is required to sign this form.