



Consent Form for Videotaping

I, _____ authorize Carmel Counseling Center to videotape the sessions of (adult client's name), _____ and/or (child's name), _____ as an integral part of the therapeutic process. I understand that the purpose for videotaping is for the protection of minors, for helpful feedback to clients and parents, and, at times, for consultation with my supervisor.

I understand that the use of videotapes will be restricted to the following purposes:

Please initial to indicate your approval:

Initials

1. To be heard and/or viewed by clinician
2. To be used in consultation with clinician's supervisor
3. To be used in consultation with other CCC therapists

I understand that my full name will not be revealed and that the recordings will be used solely for the purposes described above in accordance with the ethical standards of professional confidentiality for licensed mental health and occupational therapy professionals.

I understand that recordings will be destroyed on or before termination of treatment.

Signature of guardian(s): _____ (and) _____

Date: _____