

CONSENT FOR VIDEOTAPING SESSIONS

With your consent, Lisa Graff-Marsh will video captured our therapy sessions for later consultation with yourself and or other consulting therapists or therapist training groups.

Absolutely no identifying information will be presented other than 1st names. All therapist consultants and training groups follow the same required confidentiality guidelines as Lisa Graff-Marsh.

_____ I am willing to be recorded for Lisa Graff-Marsh and myself only.

_____ I am willing to be recorded and have the recording viewed by a therapist consultant and or a therapist training group.

_____ I am willing to participate in a recorded therapy session with a therapy consultant or therapist training group. Your relationship and individual clinical history would be revealed to the observers.

AUTHORIZATION FOR TAPING OF COUNSELING SESSIONS

I, _____, hereby give permission for my therapist Lisa Graff-Marsh, to videotape my counseling sessions with the limitations selected above.

I understand that the purpose for the recordings shared with a consulting therapist is for Lisa Graff-Marsh to develop the best possible treatment plan for my case.

I also understand that all therapy is bound by the laws of confidentiality. My therapist, Lisa Graff-Marsh, any consulting therapist, or any training group of therapists, cannot disclose any information about my identity or details of my treatment outside of the therapy session. Video recordings cannot be shown to any person or group not authorized by me.

I know that I can revoke this release at any time in writing or by retrieving this original release document. At that time all recordings of your sessions will be deleted.

Client's Signature

Date

Therapist Counselor's Signature

Date