



Consent to Audio/Video Recording

I understand that sessions may be audio/video taped and viewed by appropriate clinical staff and trainees. It is also my understanding that these tapes and observations shall be limited to the purpose of training mental health professionals. I also understand the information of the interview shall remain strictly confidential with the professionals viewing and/or listening to tapes or sessions. I understand that I may terminate the taping of any or all the sessions at any point. I also understand that I may withdraw my permission for the use of any tapes for training purposes at any time in the future by submitting such withdrawal in writing to Orange County Head Start.

I have read and understand the conditions of this consent form and all of my questions have been answered to my satisfaction.

Client's signature

Date

Staff/Therapist

Date

If Client is under 18 years of age, Parent/ Legal Guardian must complete information below:

Parent/Legal Guardian Signature

Date

Relationship to Client

If Family Members or Others will be audio/videtaped, they must also consent by their signature(s) below:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date