



## Abundant Life

COUNSELING SERVICES, P.A.

### CONSENT FOR AUDIO OR VIDEOTAPE

I, \_\_\_\_\_, consent to allow Carolyn Dixon, LCSW to videotape psychotherapy sessions. The purpose of this tape is to facilitate and better document the treatment, assessment process, and/or to enhance supervision. I understand that the use and viewing of the audio/videotapes in whole or part is strictly limited to the following:

- review by Carolyn Dixon to optimize the quality of our care
- use by Carolyn Dixon for the purpose of professional consultation about my treatment
- use by Carolyn Dixon for the purpose of group supervision with other professional therapists. I understand that my name will never be disclosed, and that only therapists who do not know me will be allowed to view the tapes.

I understand that:

- I am not required to be videotaped and I am under no obligation to have sessions recorded. I can withdraw my permission at any time during or after the session. My access to therapy services will not be affected by my decision not to be videotaped.
- I have the right to review this recording with my therapist during a therapy session.
- I have the right to request that the camera not show my face and provide only audio recording. I can request that the tape recorder or video recorder be turned off at any time and may request that the tape or any portion thereof be erased. I may terminate this permission to tape at any time.
- The contents of these taped sessions are confidential and the information will not be shared outside the context of individual and group supervision.
- The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission.
- The tapes will be erased when they are no longer needed for these purposes.

### Clients' Agreement

I understand and accept the conditions of this statement and give my permission to have my therapy sessions videotaped or digitally recorded. I understand I may revoke this permission in writing at any time, but until I do so it shall remain in full force and effect until the purposes stated above are completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carolyn Dixon, LCSW