

**Growing Connections**  
**15155 Springdale St., Huntington Beach, CA 92649**  
**(714) 594-9550**

**Informed Consent for Audio/Video Tape Recording and Consultation**

In order to effectively train therapists and provide the best possible treatment, it is common for therapists to audio and/or videotape therapy sessions. It is also common for therapists to get consultation or supervision of their cases. In order to audio/video tape therapy sessions or have a consultant or supervisor listen/view these tapes, client(s) must give written consent.

By signing below, I/We \_\_\_\_\_, willingly give consent to allow therapy session(s) to be audio/video taped and/or listen/viewed by a consultant, supervisor, or team of therapists. I/We understand that any consultant/supervisor/therapist(s), which listens to/views my therapy session(s), are under the same confidentiality requirements as my therapist. Furthermore, I/We understand that if by chance the consultant, supervisor, or therapist(s), knows me socially, he/she will immediately leave the session and will not observe, seek, or be given any information about my case. I/We understand the audio/video tapes of my session(s) will be kept strictly confidential and will be taped over or destroyed once they have been used. I/We also understand that the purpose of allowing audio/video taping of my therapy session(s) is to enhance the training of my therapist and effectiveness of the therapy treatment I/We are receiving.

I/We understand that I/We may withdraw this consent at any time.

_____ Signature of Client	_____ Date
_____ Signature of Client	_____ Date
_____ Signature of Client	_____ Date
_____ Signature of Therapist	_____ Date