

Videotape Consent

Couple and Family Institute of Tri-Cities, WA

8121 W. Quinault Ave Suite F202 Kennewick, WA 99336

(509) 579-0200 (509) 232-2016

Dear Clients,

As part of the work I do, I request that I be given permission to video tape sessions. I utilize this taping strictly so that I and my supervisor can ensure that I am providing you with the best possible treatment. These tapes are held under the same guidelines for confidentiality as the sessions themselves. Videotapes will be kept for review and then destroyed. They will not be kept as part of your client file.

I give consent for Couple and Family Institute of Tri-Cities, WA to videotape my therapy sessions. These tapes will be used for therapeutic training and supervision purposes only. They may not be used for any other reason or purpose without further written consent.

Client

Date

Client

Date

Therapist

Date