

Connection's Day School
Consent to Audio/Video Tape

I authorize the taping of my child (print name), _____
in psychotherapy sessions. I understand that these tapes will be used as a part of my child's treatment plan,
and by my child's therapist for clinical supervision and teaching/training purposes with other therapists and
student therapists. I understand that although my child's voice may be audible and/or likeness may be
visible, his/her full name will not be used, and all listeners/observers will have a professional obligation to
treat the material confidentially. I agree to the use of this tape in the following way(s) – please check (X) as
appropriate:

_____ For formal supervision and/or training within Connection's Day School, our sister school The South
Campus, and our parent company, Counseling Connection.

_____ For formal supervision and/or training at the student therapist's graduate program.

Program Name: _____

_____ For formal supervision and/or training at a specified site (from the 4 listed above).

Name of Site(s): _____

This consent will remain valid for one year from signature (unless withdrawn sooner), and may be
reauthorized only by signing a new consent form. Upon expiration of this agreement, I request that – please
check (X) as appropriate:

_____ The tape be destroyed.

_____ The tape be maintained in a confidential library for use as a training tool at Connection's Day School,
The South Campus, and Counseling Connections, and will not require additional signed consent for its use.
Any other use of this tape will require signed consent for its specific use.

This consent is limited only to the information designated above, and will be used exclusively by the
individual agencies and schools named herein. The purpose of this consent is to assist in providing treatment
for your child; and training and supervision for student therapists. I understand that I have the right to revoke
this authorization at any time by submitting such a request in writing. I also understand that my refusal to
consent to audio/video taping will not interfere with my child's treatment, or education, in any way.

Signature of Parent/Guardian

Date

Signature of Student (if 12 years or older)

Date

Signature of Witness

Date