

Here is a sample form – please modify it to suit your own needs – I cannot give you legal advice or be responsible for insuring that this release will protect you or your client – please seek your own legal advise

Consent to Release Therapy Video Recordings

I/We _____, clients of Dr. _____, hereby give consent to release the contents of any or all therapy video recordings via a secure (encrypted) internet webconferencing application (i.e., Skype videoconference) for the purposes of education, training, and consultation activities. I/We understand there is a chance, however slim, of a confidentiality breach if electronic security measures are breached (virus or malware) and have been informed that my therapist is using standard of practice security protections (passwords and virus protection).

I/We understand that health care information relevant to my therapy may also be released for the previous purposes, but that identifying information will be withheld or modified to maintain my confidentiality. I/We understand that the content of these recordings and relevant health care information will be released only to mental health professionals and trainees who are bound by law, professional college, or a confidentiality agreement to maintain client confidentiality.

I/We also understand that this consent only permits other professionals to review the recordings and health care information with my therapist _____ and does not permit other parties to copy or retain possession of the previous information.

Finally, I/We understand this consent is completely voluntary and that I/We are free to withdraw consent at any time while continuing to pursue the requested therapy services with _____.

I/We also understand the recordings will be erased at any time.

I/We understand that the recordings are property of Dr. _____ and may be erased at anytime with no notice given to me and are not retained as part of the clinical record.

I/We will be given a signed copy of this Consent Form.

_____ Client Signature	_____ Client Signature	_____ Witness Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name