

Consent to Audio/Video Recordings of Sessions

My signature below indicates that I am aware that my individual and/or group sessions may be audio and video recorded to assist with the service provider's professional development. In addition, I retain the right to refuse the audio or video recording of any particular session at any given time. I also understand that additional staff and other professionals employed by this facility or agency may view the sessions while they occur or review the recordings after the sessions. I can listen to and/or view the content of recordings should I request to do so. Additionally, I understand that I may request a copy of my recorded session to use at my own discretion and that, once in my possession, I assume full responsibility for the safety and security of the obtained recordings. I further understand that I can rescind this consent at any time without any negative consequences occurring because I withdrew this consent. Therefore, I hereby give the facility/agency permission for the following.

Please initial each item that applies

Store a digital copy of recordings on the agency's secure server and/or the agency's other computer equipment _____

Review the recordings for the professional development of employees using the Partners for Change Outcome Management System (PCOMS) or other recovery services or therapeutic interventions _____

Show recordings or portions of recordings at professional service provider workshops, conferences and trainings without disclosing my name or identify _____

_____	_____	_____
Print Name	Signature	Date

Staff Member Witness:

_____	_____	_____
Print Name	Signature	Date

My signature below indicates that I withdraw consent to any new recordings as of the below date.

_____	_____	_____
Print Name	Signature	Date

Staff Member Witness:

_____	_____	_____
Print Name	Signature	Date