

## Informed Consent for Recording Sessions

I, \_\_\_\_\_, hereby grant permission to the Anne Westcott, LICSW to videotape and audiotape my clinical sessions for the purposes specified below (or for \_\_\_\_\_, DOB \_\_\_\_\_, minor child, for whom I am the parent/legal guardian). At any time during a session, you/your child has the right to request that taping stop. I grant consent to Anne Westcott, LICSW to record sessions for the following purpose(s):

- \_\_\_\_\_ Internal Use (including consultation, supervision, and review with client)
- \_\_\_\_\_ Teaching or professional trainings
- \_\_\_\_\_ Research
- \_\_\_\_\_ Use of anonymous transcripts in professional publications
- \_\_\_\_\_ I do not consent to the recording of sessions

I understand that recordings permitted for Internal Use will be erased by the time of discharge from the practice of Anne Westcott, LICSW. If I allow my recordings to be used for trainings, research, or publication, then my recordings will be maintained in a protected manner. However, if I/my child is court-involved, then recordings cannot be destroyed and will become part of the clinical file. I further understand that recordings will not be made available to third parties unless required by law. I have read carefully and understand the above statements and consent to the recording of my sessions for the stated purposes. I understand that I have may revoke this consent at any time without any negative bearing on the services I receive from Anne Westcott, LICSW.

\_\_\_\_\_  
Signature of client or legal guardian

\_\_\_\_\_  
Relationship to Child, if applicable

\_\_\_\_\_  
Adolescent Assent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date