Form of Consent for Video Recording of Clinical Visits

Background:

As part of my goal to provide high quality service, I believe it may be helpful in our work to make video recordings of some of our sessions. Review of videos could give us more ideas that you might find helpful in your circumstances. Videos could help us analyze interactions, pinpoint problems, and show you what might be happening.

Videos also allow me to gain clinical and professional supervision in my natural work environment. To ensure quality behavior analytic training for board certification candidates, there is a requirement that at least 2 of my sessions per month be recorded on video for supervisory purposes. The confidentiality of this material will be strictly safeguarded and all video recordings will be deleted or erased subsequent to their use for supervisory purposes (unless otherwise specified by you).

These video recordings may not be used for any other purpose without your explicit written permission.

Consent:

I, the parent/guardian, understand that videos and records are considered confidential and will not be released to any person or agency without my written consent. I understand that concerns about suicide, homicide, or child abuse may place limitations on confidentiality, in that the safety of individual lives is considered a priority to holding information confidential. Where lives are at risk, ethical and legal obligations of the profession dictate communication with official resources that may prevent loss of life or childhood injury.

I am the legal guardian of the child recorded during treatment sessions.

I consent to video recordings of sessions for clinical supervision.

I understand the video of my child will not be used illegally or in any detrimental fashion.

I fully understand that participation in video recording is voluntary and that I may revoke consent at any time by notifying _____ at (telephone): _____ .

Signature below indicates full consent and agreement with above statements.

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____

Address of parent/guardian: _____

Signature of clinician: _____ Date: _____

Printed name of clinician: _____

Video recordings commenced on date: _____