



CONSENT TO AUDIO/VIDEO TAPE PCIT SESSIONS

CHILD'S (CLIENT) NAME _____

CHILD'S DOB _____ AGE _____ SEX _____

PARENT/CAREGIVER 1 NAME _____

PARENT/CAREGIVER 2 NAME _____

I authorize Talk-a-While, Child & Family Therapy Center PC ("Talk-a-While") to audiotape and videotape myself and my child. I also authorize Talk-a-While to use these recordings for professional development, clinical training and supervision.

Your signature below indicates that you voluntarily give permission to be audiotaped/videotaped and that you understand the following:

1. I can request that the tape recorder or video recorder be turned off at any time and may request that the tape or any portion thereof be erased;
2. The purpose of taping is for use in professional development, clinical training and supervision;
3. The contents of these taped sessions are confidential, and the information will not be shared outside the context of professional development, or clinical training and supervision;
4. The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission; and
5. The tapes will be erased after they have served their purpose.

As such, I, my family, heirs and assigns, hold Talk-a-While harmless from and against any claim for compensation or harm resulting from the activities authorized by this agreement.

Parent/Caregiver 1

Date

Parent/Caregiver 2

Date