

New Day Women's Center
5575 Lake Park Way, Suite 106
La Mesa, CA 91942
(619) 713-1544

Consent for Audio and/or Videotaping

Client: _____

I hereby consent to have _____ audio taping or _____ videotaping or _____ both of my psychotherapy sessions with _____. Any such taping will be used for training, diagnostic, and therapeutic purposes and may be shared with my therapy supervisor clinical staff.

Client Signature: _____ Date: _____

I hereby consent to have the above taping used for educational purposes.

Client Signature: _____ Date: _____

This consent is subject to revocation by the above signed at any time, except to the extent that action has been taken in reliance hereon and, if not earlier revoked, it shall terminate on:

Date, Event or Condition: _____