

Hope Performance Systems LLC

Consent for Video Recording

I give consent to Hope Performance Systems LLC therapists to video and audio record _____'s play therapy session(s). I understand that this recording will be used strictly for educational purposes and may be viewed by other therapists bound by confidentiality. This video recording is considered to be a confidential record of therapy and will be handled according to the South Carolina state confidentiality laws in the same fashion as the written records. I also understand that these laws bind any Hope Performance Systems LLC staff present that may be recording the session. I understand that this is voluntary and that refusing to sign will not affect my treatment. These recordings are not a part of the client's chart and can be destroyed after their educational use as per HIPPA requirements. Please initial each permission below that you agree to. Videos used in workshop and conference presentations can be viewed upon request. I release the Hope Performance Systems LLC and its employees, contractors, and student interns of any liability of videotaping or observation of these play sessions.

Benefits- The benefits to your child will be closer supervision of their play sessions. By using these videos, clinicians can be trained and educated, benefiting the many children who will be affected.

Risk: Any identifying information other than the child's likeness in the videos is not shared or disclosed. The child's name is confidential. There is minimal risk that your child may be recognized by someone who knows your child. Since these videos will be shown only to clinicians being trained in play therapy, identification of your child is not likely to happen.

Please Initial Consents Below

My signature also represents that I exercised my option to ask questions about any aspect of the use of these videos and had my questions answered to my satisfaction. I understand this consent will remain in effect until I revoke its authorization in writing.

Use in training Hope Performance Systems LLC Clinicians and interns.

Use in consultation and supervision groups with other clinicians in training for play therapy.

Use in workshop and conference presentations

Parent/Guardian Name: _____

Witness Name: _____

Parent/Guardian Signature: _____

Witness Signature: _____

Date: _____

Date: _____

Counselor/Intern Name: _____

Counselor/Intern Signature: _____

Date: _____