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AUDIO-VISUAL CONSENT FORM

I/We, _____, authorize the

_____ recording of my/our therapy session on
(audio or video)

_____ for purposes of:
(date)

_____ facilitating of personal therapy, or

_____ supervision of therapist or case consultation, or

_____ educational purposes.

Clients attending session:

Date:

(signature of client)

(date)

(guardian signature if child is a minor)

(date)