

Hélène Bélanger

Licensed Clinical Professional Counselor

Permission to Videotape

I/We consent to the video taping of therapy sessions with Hélène Bélanger, LCPC. We are aware of the presence of the video equipment and permit the use of all or part of the video tapes for the purpose of:

_____ (initial) Our therapist to assist in our therapy for educational review

_____ (initial) Our therapist's consultation with a clinical supervisor(s) and/or training group.

In no way will the refusal to grant consent for this video taping effect my/our getting assistance for myself/ourselves/ If at any time during the treatment process, we wish to stop the taping we may do so and still continue treatment.

Client 1 Signature

Date

Client 1 Printed Name

Client 2 Signature

Date

Client 2 Printed Name