

VIDEO & AUDIO RECORDING CONSENT



Client Name: DOB : Client # : _____

Options Location: Options Counseling and Family Services Location: ▼

Services at Options may include the use of video and/or audio recordings of you and members of your family. These recordings allow staff to provide clinical consultation within the agency as well as outside the agency. These recordings are used for supervisory and training purposes only and to better serve our clients by providing the best treatment outcomes for the client.

The internal/external consultation group may fluctuate and vary but can include supervisor(s): which may include academic supervisors, psychiatrist, and other Options' employees. Any person(s) involved in this consultation are bound by the federal privacy laws and Options' policy and procedures protecting the confidentiality of all client information.

Consent

By initialing the consent box and signing this form, I authorize Options to make audio/video recordings of myself and members of my family for supervisory and training purposes. I understand that these electronic files will be encrypted and secured in compliance with federal privacy and security laws and will be erased or destroyed following supervisory review.

I understand the services provided at Options are not contingent upon giving and signing this consent.

I have read the above and fully understand the content. I have asked questions about anything that was not clear to me, and I am satisfied with the answers I have received. I understand I may withdraw my consent to make additional video and/or audio recordings without affecting the treatment process by submitting revocation in writing via certified mail. The consent automatically expires at discharge from services.

I consent to Options making video and/or audio recordings of myself, my child and/or my family for supervisory and training purposes.

I do not consent to Options making video and/or audio recordings of myself, my child and/or my family for supervisory and training purposes.

Relationship to client : Self Parent Guardian



X

Signature Certificate

Document name: VIDEO & AUDIO RECORDING CONSENT

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LEGALLY SIGNED USING
WPesignature
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Timestamp

Audit

May 12, 2020 8:00 am PDT

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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