

Break Thru Counseling Center
4012 Katella Ave., Suite 205
Los Alamitos, CA 90720
(562)431-1799

Audio/Video Tape Recording and Presentation Informed Consent

I/We _____ understand that Break Thru Counseling Center is a training facility. As a training facility, training Marriage and Family trainees, interns, and pastoral counselors, the clinic **requires** audio/video taping of counseling sessions. This is to insure the best possible treatment of your case and professional development of the trainee, intern, or pastoral counselor. Persons authorized to view videotapes/listen to audiotapes are the Clinical Director, Supervising Clinicians, and other counseling staff. All authorized persons who view therapy sessions are bound to maintain the confidentiality of the material discussed and to protect the identity of clients. I/We understand that if I/We do not consent to audio/video taping of my therapy sessions, I/We will be given appropriate referrals to other clinics in the area.

I/We _____, hereby grant permission for audio/video taping. I/we understand that any person authorized to view or listen to the audio/video tapes are under the same confidentiality requirements as my therapist. Furthermore I/We understand that if by chance an authorized person knows me socially, he/she will immediately leave the session and will not observe, seek, or be given any information about my case. I/We understand that audio/video tapes of my sessions will be kept strictly confidential and will be taped over or destroyed once they have been used.

Signature of Client	Date
Signature of Client	Date
Signature of Parent/Guardian	Date
Signature of Therapist	Date