

VIDEO/AUDIO TAPING CONSENT FORM

VIDEO/AUDIO TAPING CONSENT

The undersigned acknowledges that Exit Right LLC, hereinafter referred to as ER, is providing services to, or for the benefit of _____, and is requiring, as partial consideration for providing said service, the execution of this Consent and Waiver which is being executed by the undersigned as the natural parent, guardian, or other responsible party for the aforementioned patient/client. The specific terms of this Consent and Waiver are as follows: 1. I understand that when ER is providing services to the aforementioned patient/client in a setting other than the ER office, such as a school, daycare facility, or other location, it is possible that the owner/operator of such facility or location may be engaged in video and/or audio recording for security or other purposes. 2. If and to the extent that ER has actual knowledge that any such recording is taking place, the therapist will use his/her best efforts to inform the parent, guardian or responsible party of the client. 3. Although ER will use its best efforts to maintain as much discretion as is practical and to provide services to the client on a confidential basis, the undersigned consents to the rendering of services to the patient in locations where video and/or audio recording may be taking place, and understands and acknowledges that ER cannot assure the confidentiality and privacy of services rendered in such settings. Accordingly, the undersigned waives and releases any claim against ER relating to the performance of services by ER in non-confidential and non-private settings such as those described above where video and/or audio taping may be taking place.

Parent/Guardian Signature

Date

Time

Print Name

Clinician's Signature

Date

Time

Print Name