

PORTLAND DBT INSTITUTE, INC: CONSENT FOR AUDIO / VIDEO TAPING

I hereby authorize staff of the Portland DBT Institute (PDBTI) to audiotape and/or videotape my individual or group therapy sessions for the purpose of clinical supervision and training of PDBTI staff.

I understand that these audiotapes/videotapes will only be listened to/viewed by PDBTI staff. My written permission is required if individuals other than PDBTI staff are to view these audiotapes/videotapes.

CLIENT SIGNATURE DATE

CLIENT PRINTED NAME DATE

WITNESS SIGNATURE DATE

WITNESS PRINTED NAME DATE

*OTHER PERSONS/AGENCIES TO LISTEN TO/VIEW THESE AUDIOTAPES/VIDEOTAPES AND DATE(S) OF VIEWING:

CLIENT SIGNATURE DATE

CLIENT PRINTED NAME DATE

WITNESS SIGNATURE DATE

WITNESS PRINTED NAME DATE