Portland DBT INSTITUTE

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

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

☐ Individual Therapy ☐ Group Therapy ☐ Skills Coaching

☐ Other:_____

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

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