

Providence service, LLC

Other Notes on Your Privacy:

1. Video and audio taping: **occasionally**, Mental Health Providers may want to make an audio/video recording of your sessions. Your written permission is required prior to this happening and will be discussed if your provider has an interest in doing so. **YOU HAVE THE RIGHT TO REFUSE THIS.**

I have reviewed this "Informed Consent to Treatment/Limits of Confidentiality" information.

I have been given the opportunity to ask questions about this information. A copy of this information is available upon request.

By signing this, I acknowledge my understanding of this information.

Client Signature _____ Date _____

Staff Clinician Signature _____ Date _____