

Marni Millet, LCSW, CASAC
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CONSENT TO BE VIDEO RECORDED

I, _____ hereby consent to the audiovisual recording of my psychotherapy sessions with Marni Millet, LCSW, CASAC. I understand that these recordings will be used to further my treatment. They may also be used for training purposes conducted by Marni Millet, LCSW, CASAC. I release Marni Millet, LCSW, CASAC from any liability or claim in connection with the use of these recordings for the above stated purposes. I also understand that all standards of professional ethics and confidentiality will be adhered to. I understand that I have the opportunity to revoke this consent at any time, or refuse further tapings, and/or request that the recordings be destroyed, and that to do so will have no negative bearing on my treatment.

Client _____

Date _____

Witnessed _____

Date _____