

WAVE Professional Clinical Counselors Inc.

WAVE THERAPY  
3150 PIO PICO DR. SUITE 105  
CARLSBAD, CA 92008

PHONE: (760) 500-3325

**Permission to Audio or Video Record Sessions**

I consent to the video/audio taping of therapy sessions. I am aware of the presence of the video/audio equipment and permit the use of all or part of the video/audio tapes for the purpose of supervision, training, and professional growth. I understand that the purpose of viewing the video/audio recording will be for my therapist to improve the effectiveness of my treatment.

In no way will the refusal to grant consent for this video/audio taping effect getting quality treatment. If at any time during the treatment process, I wish to stop the taping I may do so by notifying my therapist in writing and still continue treatment.

Consent to Video/Audio Recording Sessions

- Yes to Audio Record
- No to Audio Record
- Yes to Video Record
- No to Video Record

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth