

# VIDEO & AUDIO RECORDING CONSENT



Client Name:  DOB :  Client # : \_\_\_\_\_

Options Location:  Options Counseling and Family Services Location:

Services at Options may include the use of video and/or audio recordings of you and members of your family. These recordings allow staff to provide clinical consultation within the agency as well as outside the agency. These recordings are used for supervisory and training purposes only and to better serve our clients by providing the best treatment outcomes for the client.

The internal/external consultation group may fluctuate and vary but can include supervisor(s): which may include academic supervisors, psychiatrist, and other Options' employees. Any person(s) involved in this consultation are bound by the federal privacy laws and Options' policy and procedures protecting the confidentiality of all client information.

### Consent

By initialing the consent box and signing this form, I authorize Options to make audio/video recordings of myself and members of my family for supervisory and training purposes. I understand that these electronic files will be encrypted and secured in compliance with federal privacy and security laws and will be erased or destroyed following supervisory review.

I understand the services provided at Options are not contingent upon giving and signing this consent.

I have read the above and fully understand the content. I have asked questions about anything that was not clear to me, and I am satisfied with the answers I have received. I understand I may withdraw my consent to make additional video and/or audio recordings without affecting the treatment process by submitting revocation in writing via certified mail. The consent automatically expires at discharge from services.

**I consent** to Options making video and/or audio recordings of myself, my child and/or my family for supervisory and training purposes.

**I do not consent** to Options making video and/or audio recordings of myself, my child and/or my family for supervisory and training purposes.

Relationship to client :  Self  Parent  Guardian

X \_\_\_\_\_



# Signature Certificate

Document name: VIDEO & AUDIO RECORDING CONSENT

Unique Document ID: 4ACB8660DCF5882D5E47CED3D47CFC0BA22E514C

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

## Audit

May 12, 2020 8:00 am PDT

VIDEO & AUDIO RECORDING CONSENT Uploaded by Adam Falk - adam.falk@options.org IP 108.174.191.234

May 12, 2020 8:08 am PDT

Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195

May 12, 2020 8:11 am PDT

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October 27, 2020 11:07 am PDT

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Options Intake - intake@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 108.174.191.234



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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