

Janet Sasson Edgette, Psy.D.

LICENSED PSYCHOLOGIST

412 NEWCOMEN ROAD

EXTON, PA 19341

Consent to Record Counseling Sessions

I, _____,

give my consent to:

Videotape _____ (Please initial if yes)

Audiotape _____ (Please initial if yes)

my sessions with Janet Sasson Edgette, Psy.D.

These recordings will be used in the training of other mental health professionals; they are the only audience who will ever see the clips.

This is a voluntary practice. Clients who have agreed to have sessions recorded are free to change their mind at any time, at which point the tape(s) will be destroyed.

Parent or legal guardian _____

Client (if 14 years or older) _____

Date _____