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Audio/Video Recording Consent Form

I give permission to audio/video tape our counseling sessions.

I understand that recordings are made to review and increase the effectiveness of our counseling process.

I understand that the counselor may share a clip from the recording with consultant Jamie Edwards, Ph.D. for clinical reviews.

I understand that all information on the tape remains confidential.*

I understand that all recordings will be erased as soon as the reviewing process is complete.

I understand that I can request the tape be turned off at any point during the session, and the right to revoke this authorization at any time.

I have read this document and have had the opportunity to ask questions concerning the intended use of the recording.

_____	_____	_____
Client signature	Printed name	Date

_____	_____	_____
Client signature	Printed name	Date

_____	_____
Polly Gravely	Date

*I understand that there are legal exceptions to this right and the information may have to be disclosed a) when ordered by the court, or b) when the counselor and her supervisor determine that an individual may present a threat to self or others.