



The use of Videotaping in Therapy

I/We hereby grant my/our permission for the use of audio-videotaping, or diagnostic evaluation that may be deemed pertinent in the counseling of myself/ourselves my/our marriage, or my/our family. The therapy sessions, records, and tapes are strictly confidential except for clinical supervisor for clinical and instructional purposes only. Exception also includes where local law requires the reporting of the threats of violence, harm, or child abuse and neglect (from evidence or suspicion), and when information is ordered by the courts. Video tapes will be erased 30 to 45 days after taping.

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

Inner Peace Counseling Center, 1811 Sardis Rd. North, Charlotte, NC 28270, Huntersville, NC 28078

Ph: (704) 938-2286, Fax (704) 875-0781 / email: [info@innerpeacecounselingcenter.com](mailto:info@innerpeacecounselingcenter.com)

website: [www.innerpeacecounselingcenter.com](http://www.innerpeacecounselingcenter.com)