# Consent to Vi deotape

I give The Theraplay Institute permission to video my child and/or me in assessment and Theraplay sessions while my family is receiving therapy. Video will be used by the therapist in his/her treatment of my family (for example, we review portions of sessions with you to enhance positive treatment outcomes) and for supervision with a qualified Theraplay supervisor. Supervision may take place in a one-on-one or group format in person or online, or in a group format. I understand that these videos and the content of these sessions are confidential (unless there is concern that the child may be in danger of being harmed). I understand that I may withdraw my permission to video with a written request. The consequence for not giving this permission is that the therapist and your family will not be able to review the sessions and therefore may impede optimal treatment.

# Signature of Legal Guardian

Printed Name of Legal Guardian

Witness

Date

# Signature of Child over 12

Printed Name of Legal Guardian

Witness

Date

# Additional Permission:

The Theraplay Institute is a training facility for mental health professionals interested in receiving education, training, and certification in Theraplay. My signature below gives The Theraplay Institute permission to use the videos of myself and/or my child in Theraplay treatment for future Theraplay trainings of other mental health professionals. I understand that I may withdraw my permission to video with a written request. There are no negative consequences for not giving consent to this permission.

Signature of Legal Guardian

Signature of child over 12 years old