

Consent to Videotape

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 years old _____

Printed Name of child _____

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 training of other mental health professionals**. Trainings include in-person format, web based live training and webinars. 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 _____