



YOUTH CONSULTATION SERVICE

Program Name _____

CONSENT FOR OBSERVATION, AUDIO, AND/OR VIDEO RECORDING

I, _____ give permission for **myself/my child**

_____ to be observed through the selected observation/recording methods below. I understand that observation and recording will be used only for the following purposes:

- For assessment of myself/my child/my family
- For staff, student, and professional training
- As a record of our/my progress in treatment
- For research purposes

I hereby give permission for the duration the program enrollment with the right to withdrawal consent at any time for me/my child/our family to be (mark all that apply):

___ Observed through a one-way mirror or live feed on a monitor within YCS by clinical supervisors, clinical staff, and/or student trainees. Sessions will not be recorded.

___ Observed through a one-way mirror or live feed on a monitor within YCS by funders who support YCS. Sessions will not be recorded.

___ Observed through a one-way mirror, live feed, video, and/or audio recorded for the academic and training purposes of a student trainee. Recordings may be shared only with authorized personnel, including clinical supervisors, clinical staff, a student trainee's professor, and other student trainees. Name of the trainee, trainee's school and supervisor are listed below.

___ Observed, video and/or audio recorded for clinical treatment purposes. Recordings may be shared with me/my child/our family for assessment purposes and/or to record progress in treatment. Recordings may be shared with YCS licensed supervisor(s) during clinical supervision or viewed solely for assessment purposes by YCS clinicians trained in the assessment measure (e.g., KIPS).

___ Video and/or audio recorded for professional training or research purposes as part of educational, professional, and scientific presentations about the clinical work that occurs at YCS. Recordings may be downloaded and shared with other professionals to advance research and increase clinical knowledge.



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- Name of trainee: _____
- Name of trainee's school: _____
- Name of trainee's primary supervisor: _____

I understand that any records and recordings will be securely stored and any viewing of recordings will be conducted with the strictest safeguards to protect privacy and confidentiality. Any records or recordings will not be viewed or released to an unauthorized person or agency without my expressed written consent. My signature below indicates my consent to the above selected observation and/or recording options.

Signature of Client

Date

Print Client Name

Date

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

Date

Signature of YCS Witness

Date

Print YCS Witness Name

Date