



CONSENT TO VIDEOTAPING AND SOUND RECORDING

I, _____, consent to having the psychological treatment and counseling services I receive from the Psychological Services Center (PSC) videotaped or otherwise recorded. Such recording may produce visual films of my treatment or counseling sessions, with or without sound, or it may produce sound recordings alone. I understand that my face or voice, or both, may be recognizable in these recordings.

I consent also to the use of such recordings, whether videotapes or audiotapes, for the purposes of supervision and teaching of the students, as well as review and evaluation of the treatment and counseling given by the students within PSC, the Department of Psychology, or the Department of Educational and Counseling Psychology at the University at Albany, State University of New York. I also consent to the use of recordings for treatment or counseling within PSC.

I hereby release the University at Albany, State University of New York, PSC, and their employees or students, from liability for the making of the above recordings and for their use as described above. I understand that no other use will be made of the recordings without my further consent.

Signed _____

Date _____

Witness _____

Date _____