



Where Everyone Has a Voice

400 Hunnewell Street, Needham, MA 02494 | phone 781-400-2605 | fax 781-400-2687 | email office@elycenter.com | www.elycenter.com

Release to Audio/Video Record Sessions

I consent to the recording of my Ely Center sessions for the purposes of both my personal learning and the learning of Ely Center graduate interns. Such recordings may be oral or video, on any media.

I understand that my treatment will not change in any way if I do not wish a particular session to be recorded. I understand that I may ask for the recording to be turned off or erased at any time during my sessions. I may choose to request viewing/listening of the recording with the therapist.

I understand that I am fully responsible for my own participation in any and all exercises and activities suggested by the clinician. I agree to hold the clinician and The Ely Center, LLC harmless for the effect of these exercises on me, either during the session or later.

I give the clinician below and the Ely Center my permission to use the recordings of me for research, teaching, and other professional purposes only within the confines of my child's group. I understand that they will be used as an aid in the process of improving social skills for my child only.

Parent/Client Signature

Date

Printed Name

I do not consent to the recording of my Ely Center sessions.

Parent/Client Signature

Date

Printed Name

I, the clinician, have the discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Clinician

Date