

**Consent Form for Audio and/or Video Recording of Meetings**

I (client name/s) 1. \_\_\_\_\_  
2. \_\_\_\_\_ authorize

my consultant/coach, Shel J. Miller, Ph.D.

to audio and/or videotape our meetings *solely for our own growth and self-awareness*. I understand that the use of my audio or videotapes will be restricted as follows:

Please initial to indicate your approval:

The tapes will be: Initials: \_\_\_\_\_

Heard and/or viewed by myself and my therapist/coach *only* \_\_\_\_\_

Shared with family members to further our progress only if we **all** agree to do so \_\_\_\_\_

**Off limits and not played for any other consultants including lawyers. That means I will not share any tapes, either in our personal possession or in the possession of Dr. Miller. I understand that the tapes will never be used in any current or future separation or divorce proceeding or used otherwise in any way that would knowingly harm any current or future family member including myself.** \_\_\_\_\_

I understand that the interviews, recordings and discussion of same will be used solely for the purposes and within the limits described above in accordance with the ethical standards of professional confidentiality for licensed mental health professionals. \_\_\_\_\_

I understand that these recordings will not be considered part of my medical records. \_\_\_\_\_

I understand that should I wish it, at my written request, those tapes that are in Dr Miller's possession will be erased. If more than one party is on a tape, the request to so erase will apply even if requested by only one of the parties. I also understand that tapes in the possession of Dr. Miller will be erased, or destroyed by him when he deems it appropriate and will never leave his office intact. In some cases, his copy of tapes may be erased immediately after a session at his discretion. In the event of Dr. Miller's incapacitation, retirement or death, any remaining tapes in his possession will be destroyed. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_