



WOODVIEW
Psychology Group

Audio/Audiovisual Recording Consent

I, _____, authorize Dialectic Behavioral Therapy (DBT) Clinical Psychologist _____ to record by audio or audiovisual technology my psychotherapy sessions with him/her as an integral part of my consultation and psychotherapy. I understand that this psychologist and as an entity, Woodview Psychology Group, LLC, are committed to studying the process of DBT/RO DBT treatment in order to make treatment more effective and efficient. I understand that the use of my recordings is limited and may occur only in accordance with the highest ethical standards of professional confidentiality and DBT practice for Indiana healthcare professionals regulated by State Board of Health Professionals.

Listening to or viewing of my recordings is strictly limited to the following:

1. Analysis by psychologist listed above to optimize quality of my care;
2. Use by psychologist listed above for the purpose of viewing by the WPG DBT Case Consultation Team;
3. Viewing by DBT Credentialing Agents (National/International entities) for the purpose of credentialing individual DBT psychotherapists;
4. Education of new DBT clinicians.

I understand that my name will never be disclosed and recordings will be used solely for purposes described above. I further understand that the recordings are not part of my permanent medical record and the psychologist will destroy each recording after it has been used for its intended purpose.

Signature

Date