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Consent For Video/Audio Tape Recording

I, _____, hereby consent to the videotape recordings of my psychotherapy sessions by Heidi Frieze, LCSW. I understand that these recordings will be used to further my treatment and may also be shown to colleagues in a consultation or training capacity. I also understand that the recordings will only be used for these purposes and in accordance with the highest standards of confidentiality and professional ethics.

I release Heidi Frieze from any liability or claim in connection with the use of these videotaped recordings for the above stated purposes. I understand that I shall receive no financial compensation for the use of these videotaped recordings. It is further understood that I have the right to revoke my consent at any time, and that upon my demand the recordings in question will be destroyed.

I consent to the use of videotape recorded sessions for (please check all the boxes that apply):

- Consultation only
- Consultation, Academic and Professional Conferences and Trainings

Patient Name _____

Signature _____

Date _____