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PERMISSION FOR VIDEO RELEASE

Permission to Videotape Sessions

Person(s) for whom permission to videotape sessions is granted:

I agree to allow sessions of the individual(s) identified above to be videotaped under the following conditions only:

- ___Video clips will NOT be distributed for use of any kind to anyone else for any reason without written client and/or guardian consent.
- ___Video clips will be used only for educational IFS training purposes and only by Linda Domenitz.
- ___Video clips will only be used to demonstrate steps of the Internal Family Systems (IFS) therapy model.
- ___Video clips may be viewed and approved for use in training in advance by the client (and/or the client's guardian, if a minor child) upon request.
- ___The first name of the client ONLY *may* be used and will only be used if the client's name is stated in a video clip selected for training. Otherwise a pseudonym will be used when the clips are used in training.
- ___*For Minors:* Video clips will not be shown to anyone knowingly working at or affiliated with the client's school without permission from the guardian.

Other conditions (optional):

**This permission to videotape or to show video clips may be rescinded
by the client or client's guardian at any time
for existing and /or regarding future videotaped sessions.**

Client (print name) _____

Client signature _____ Date _____

or Guardian (print name) _____

or Guardian signature _____ Date _____

Therapist signature _____ Date _____