U N I V E R S I T Y *of* H O U S T O N

Psychology Research & Services Center (PRSC)

Consent to be Audio/Video Taped and/or Directly Observed

I understand that all sessions may be **audio/video taped** and/or **directly observed** by appropriate clinical staff and trainees. It is also my understanding that these tapes and observations shall be for the purpose of training mental health professionals and will not be used for research. The tapes shall be used solely as authorized by the University of Houston Psychological Research and Services Center Professional staff. I also understand the information of the interview shall remain strictly confidential with the professionals viewing and/or listening to tapes or sessions. I understand that I may terminate the taping of any or all the sessions at any point. I also understand that I may withdraw my permission for the use of any tapes, or to be directly observed for training purposes at any time in the future by submitting such withdrawal in writing to the Center.

I have read and understand the conditions of this consent form and all of my questions have been answered to my satisfaction.

_____	_____	_____	_____
Client Signature	Date	Staff/Therapist's Signature	Date

If Client is under 18 years of age, Parent/Legal Guardian must complete information below:

_____	_____	_____
Parent/Legal Guardian's Signature	Date	Relationship to Client

If Family Members or Others will be audio/video taped and/or directly observed, they must also consent by their signature(s) below:

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

[Note: Circle all of the applicable items in **bold print** and draw a line through those that are not applicable.]

Note: Modification of this Form requires approval of OGC

Standard Form Approved
by the University of Houston System
Office of the General Counsel
Office of Contract Compliance