

# Krishna Sprinkle, LMHC

923 Route 6A

Unit B

Yarmouth Port, MA 02675

## Video Consent Form

In order to continue my therapy skills, I would like to record our sessions for the purpose of my advanced training and consultation.

In order to do so, I need your signed consent.

---

I, \_\_\_\_\_ (client) hereby give permission for my therapist, Krishna Sprinkle, LMHC, to video tape my therapy sessions for the purpose of advanced training and consultation.

These video tapes shall be reviewed only by my therapist, Krishna Sprinkle, LMHC, myself (client), and by consulting therapists.

I may request a copy of the video tape of any session. I may revoke this consent at any time, or refuse future tapings and/or request that any video tape be destroyed, and that by doing so may have negative bearing on my treatment.

Confidentiality of any video session will be fully maintained according to standard professional guidelines and all reasonable measures will be taken to ensure that none of my sessions will ever be viewed by any therapist who knows or recognizes me in any way whatsoever.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_