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CONSENT TO VIDEOTAPE

I look forward to working with you and providing the best help that I am able. Videotaping is a valuable tool that allows me to review and process what is happening in our sessions to provide better treatment. Research indicates that “deliberate practice”, generally defined as the therapist’s effort to understand what he/she is doing and how to use this information to be more effective, is correlated with positive outcomes. From experience, I have found videotaping to be enormously helpful to providing better care.

I understand that you may not want to be videotaped as a part of your therapy. If so, please know that your decision will have no impact on whether we can begin therapy. Your consideration is greatly appreciated. Thank you.

Please know that recordings will be held in strict confidentiality in accordance with state and federal laws and regulations. All recordings will be used solely for the purposes described below and in accordance with ethical standards of professional confidentiality for licensed mental health professionals:

- To be watched and reviewed by your therapist to improve treatment and care for you.
- For consultation with licensed mental health professional colleagues on behalf of your treatment.
- To be used to train other licensed mental health professionals to improve the practice of psychotherapy.

At your written request, videotape material will be destroyed at the end of your treatment.

Please feel free to discuss with me any questions you may have about any of these outlined conditions. Your signature below indicates that you have read the information above, agree to its conditions, and agree to be videotaped as an integral part of therapy and treatment.

Signature _____

Printed Name _____

Date _____