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## CONSENT TO VIDEOTAPE

Videotaping is a valuable training tool that allows the therapist to review sessions to provide better overall treatment. Jack Tawil, LCSW-C is committed to studying the process of psychotherapy to make it more effective and efficient.

All 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 reviewed by Jack Tawil, LCSW-C to optimize the quality of my care.
- To be used by Jack Tawil, LCSW-C to consult with other with licensed mental health professionals on behalf of my treatment.
- To be used by Jack Tawil, LCSW-C to train other licensed mental health professionals to improve the practice of psychotherapy.

I understand that my name will never be disclosed and that the recordings will be used solely for the purposes above. I understand that the recordings are not part of my permanent medical record and that Jack Tawil, LCSW-C will destroy each recording after it has been used for its intended purpose. I understand that Jack Tawil, LCSW-C will use discretion in deciding which sessions to record. I further understand that with a written request, recordings will be destroyed at the end of my treatment.

By signing below, I authorize Jack Tawil, LCSW-C to videotape my sessions as an integral part of my therapy and treatment.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Therapist's Printed Name