

ANNE COOPER, Psy.D.
License PSY 19966
851 Fremont Ave., Suite 108, Los Altos, CA 94024 (650) 339-3306

Consent For Video/Audio Tape Recording

I, _____, hereby consent to the videotape of my evaluation and treatment by Anne Cooper, Psy.D. I understand that these recording will be used to further my treatment and may also be shown to colleagues in a consultation capacity. I also understand that the recordings will only be used for these purposes and in accordance with the highest standards of confidentiality and professional ethics.

I release Anne Cooper from any liability or claim in connection with the use of these videotaped recordings for the above stated purposes. I understand that I shall receive no financial compensation for the use of these videotaped recordings. It is further understood that upon my demand, the recordings in question will be destroyed.

Patient Name _____ Date _____ Signature _____

Signature of Parent/Guardian _____ Date _____