



Counselor Education Clinic for Outreach and Personal Enrichment

Consent for Videotaping Purposes

The Counselor Education Clinic for Outreach and Personal Enrichment (COPE) has been established to provide for children and their families. Our therapists have been trained to work with children and adults. An initial intake will be conducted, at which time a therapist will be assigned.

All matters conducted at COPE are confidential and governed by the laws of HIPAA and the state of Mississippi. There are exceptions to confidentiality. If there is evidence of imminent danger of harm to yourself, your child, and/or others, a counselor is legally required to report this information to the appropriate authorities to insure the safety of everyone involved. Any case of suspected child abuse will be immediately reported to the department of human services, (DHS). We also must comply with any subpoenas received by a court of law. Any disclosures other than the ones mentioned in this form will require a consent form signed by the parent or legal guardian.

COPE's goals are to provide services to children, families, and individuals. As a participant in these services offered by COPE, we would like to request your permission to videotape you or your child's sessions.

Videotapes of counseling sessions have value as additional psychotherapy notes for the therapist. In the case where your child makes a disclosure of abuse, the video tape will be maintained for supporting your child's disclosure for legal purposes. Confidentiality will be maintained and only first names will be disclosed on the tape. Any professional who sees a videotape will be reminded of rules of confidentiality that prohibit discussion of the videotape.

By signing this document you understand and consent to the following:

1. The session will be taped and may be observed by supervisory personnel and counseling professionals for supervision.
2. You or your child's case may be discussed in professional staffing.
3. Information on you or your child's case may be subpoenaed by a judge.

By signing below, you are attesting that you have read and understand this document, and agree to the terms within.

Client's signature

Date

Counselor's signature

Date