



**CHESTNUT
HILL
COLLEGE**

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PSYCHOLOGICAL SERVICES CLINIC

Release for Taping, Recording & Observation

Date _____

I, _____, give my permission to be audio taped and/or videotaped, or observed by staff and students of the Doctoral Program in Clinical Psychology at Chestnut Hill College Psychological Services Clinic (PSC).

I understand that the PSC is a training facility and that case discussions and observations are an important part of its function.

I also understand that tapes and live observations are used for educational and supervisory purposes only, and that information from these interviews will be treated with respect and confidentiality. We do not make copies of these for clients as their intent is not to supplement or aid the therapy, but rather the training of the clinician.

NO recording, in whatever form, will be retained beyond supervision use. That supervision use should be reasonably immediate, without storing of recordings “for use sometime in the future.” Any departure from this procedure will be discussed with and approved by the supervisor, and secured by appropriate specific release by the client.

Signature of Client

Signature of PSC Clinician

Chestnut Hill College Psychological Services Center offers affordable psychological services for children, individuals, and families in Philadelphia and Montgomery Counties and the surrounding area. A service and training facility, it is operated by the Department of Clinical Psychology of Chestnut Hill College.

A non-profit organization promoting quality psychological services and clinical training.