Gillian Nathan, LCSW
2120 Market Street, Suite 109
San Francisco, CA 94114
(415) 820-1603

Recording Consent Form

Therapists regularly engage in professional consultation, either individually or in a consultation group, to enhance our work with clients. As part of this professional consultation it is very useful to use recordings of client sessions. Session recordings are treated with the utmost confidentiality and are used exclusively for confidential professional consultation.

We authorize Gillian Nathan, LCSW, to videotape our therapy sessions for the purpose of enhancing our work together by using the recordings in the context of confidential professional consultation.

Consent will remain valid until rescinded by client.

_____
Signature of Client Date

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Signature of Client Date

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Signature of Therapist Date