

**CLIENT CONSENT FOR
RELEASE OF INFORMATION**

Client Name: _____

Date of Birth: _____

I hereby give permission to _____, Psychology Trainee,
under the supervision of _____

at _____ to (check all that apply):

- use psychological testing and/or treatment information from my case files
- audio tape my therapy sessions
- video tape my therapy sessions

for the solely educational purpose of a training presentation at the School of Professional Psychology (SOPP) at Wright State University. The presentation will take place before SOPP faculty and selected doctoral trainees.

I understand that all identifying information from my written records will be deleted or disguised. Any names or identifying information which may be mentioned in taped material will remain confidential in accordance with the ethical standards of the American Psychological Association. Following the presentation, all tapes will be destroyed. Only reports without identifying information may be kept by the School as evidence of the student's performance.

I further understand that I may revoke this authorization at any time by making a written request. This consent expires August 31, 2009. A copy or facsimile of this document with signatures will be considered an original.

Client Signature Date Witness Date

I hereby consent to the above for a minor or person unable to assume personal responsibility.

Signature Date Relationship to Client

Witness Date