

Karen DeClerk, MA, LPC

1480 Lee Hill Drive #7

Boulder, CO 80304

303.449.4751

karen@karendeclerk.com

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Karen DeClerk, MA, LPC, may video tape our couple sessions beginning on _____ and ending on _____ and to use these in any and all media, now or hereafter known, and exclusively for the following purposes:

- Treatment: playback in sessions for treatment purposes.
- Professional Development: Playback to Karen DeClerk or other treating professionals for purposes of assessment, treatment and professional development.

I further understand that **under no circumstances** will my name and identity be revealed therein or by descriptive text or commentary.

I do hereby release to Karen DeClerk, MA, LPC, all rights to utilize this material for the purposes outlined above only and **reserve my right** to verbally or by any other means **revoke any and all permissions at any time**. Upon my written request, **all recorded materials will be destroyed immediately**. At no time shall any recorded material be copied, distributed, viewed or sold with out my written permission.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that recorded materials are not a part of my therapy record and that Karen DeClerk, MA, LPC, can, at her discretion, **destroy any and all recordings without notification**.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Printed Name: _____ Date: _____

Signature: _____

Printed Name: _____ Date: _____

Signature: _____

Witness Printed Name: _____

Signature: _____