SANDSTONE PSYCHOLOGICAL PRACTICE

Christina L. Aranda, Ph.D. & Janell M. Mihelic, Ph.D.

Authorization to Observe/Videotape/Audiotape

I understand that my therapist _____ is a Sandstone practicum intern/extern who is in the process of earning their Master's/Ph.D. in Clinical or Counseling Psychology. I understand that my therapist is being supervised by Licensed Psychologist _____ and that I may speak with this supervisor at any time by calling 702-405-0904.

I understand that my therapist needs to videotape all counseling sessions for supervision purposes. I hereby authorize the staff at Sandstone Psychological Practice to audiotape, videotape, and/or directly observe my counseling and/ or testing sessions. I understand that the recorded sessions will be used for training purposes that may include review by licensed psychologists and interns/practicum students within Sandstone Psychological Practice. The use and storage of the recorded sessions will follow ethical guidelines and professional conduct stipulated by the American Psychological Association, as well as relevant state and federal laws. All information on the recorded sessions is kept strictly confidential. I understand that I can revoke my consent at anytime.

Client Signature:_____ Date:_____

Client Printed Name:_____

1070 West Horizon Ridge Parkway, Suite 210, Henderson, NV, 89012
Phone: 702.405.0904 Fax: 702.405.0924
Email: ContactUs@SandstonePsych.com
www.SandstonePsych.com