

*Jim Matto-Shepard, Ph.D.*

*Licensed Psychologist (PSY 15031)*

---

---

**Consent Form for Video Recording of Psychotherapy**

I (name) \_\_\_\_\_ authorize  
Jim Matto-Shepard to videotape my treatment interviews as an integral part of my  
consultation and therapy. I understand that the use of my video tapes will be restricted to  
the following purposes:

- | Please initial to indicate your approval:                  | Initials |
|--|----------|
| 1. To be heard and/or viewed by myself<br>and my therapist | _____    |
| 2. Consultation with professional colleagues               | _____    |
| 3. Training of professional colleagues                     | _____    |

I understand that my full name will not be revealed, and that the recordings will be used  
solely for the purposes described above in accordance with the ethical standards of  
professional confidentiality for licensed mental health professionals.

I understand that I can rescind this permission at any time and that, at my written request  
recorded materials will be destroyed.

Signature \_\_\_\_\_ Date \_\_\_\_\_