

Kessler Bickford, LCPC  
3 Goldsborough St., Ste. 203  
Easton MD 21601  
410-714-2111, k@kesslerbickford.com

## AUTHORIZATION TO AUDIOTAPE/VIDEOTAPE TREATMENT SESSIONS

I, \_\_\_\_\_, authorize Kessler Bickford, LCPC, to audiotape and/or videotape my treatment sessions as an integral part of my therapy. Consent is indicated by my signature below with the following restrictions:

1. The tapes may be used only in the following ways:
  - a. For listening/viewing by myself and Kessler Bickford, LCPC.
  - b. For consultation with professional colleagues
  - c. For teaching purposes.
2. Confidentiality will be preserved, except as described above. In accordance with the ethical standards for licensed mental health professionals, identifying information about me will not be revealed.
3. There will be no financial compensation paid to me for use of these tapes.
4. The tapes may be edited.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_