WISCONSIN SCHOOL OF PROFESSIONAL PSYCHOLOGY, INC.

PSYCHOLOGY CENTER

Training Institute

CONSENT FOR OBSERVATION AND RECORDING

I,_____, hereby authorize the Wisconsin School of Professional
(Patient/Parent if under 18/Legal Guardian) (Client Name) (If Minor)_____
Psychology Training Institute (WSPP Psychology Center) its agents, employees and students to use video tape, audio tape, and/or one-way mirror observation and recording of clinical services.

Subject to the following conditions:

1. Any recording or observation is to be used only for the purpose of:

   a. Evaluation and treatment of myself (or the patient for whom this consent is given) and any other patients who are included in the interview which is being recorded or observed.

   b. Educational and research purposes within the profession of psychology.

2. Any individual or group using any recording or observation authorized by this consent will be bound by all rules of confidentiality pertaining to the professional/patient relationship.

3. I specifically acknowledge that recording or observation will be engaged in by such students as are affiliated with training programs within the Wisconsin School of Professional Psychology.

4. If this consent authorizes video or audiotaping, it is limited to the following respects:

   a.) Name of individual or group authorized to film/tape

   _____

   b.)Time period during which consent is valid

   _____

   c.) The following situations may not be filmed or taped

   _____

   _____

   _____

5. I am aware that I (or the patient for whom this consent is given) have the right not to be filmed, taped, or observed. Through this consent, I waive this right only to the extent authorized herein.

This consent shall act to expressly release from liability all personal, consultants, and students of or at the Wisconsin School of Professional Psychology for the creation or use of films or recordings or the use of the observations authorized by this consent.

_____ _____

Signature of Witness Signature of Patient, Parent if under 18, or Legal Guardian

_____ _____

Date Relationship to Patient

9120 W. Hampton Avenue, Suite 90-Milwaukee, WI 53225
(414) 466-WSPP