

DIANA W. SHULMAN, J.D., Ph.D.
COUNSELING AND PSYCHOTHERAPY

CONSENT TO VIDEOTAPE

This consent is voluntary and may be retracted at any time.

I, _____, authorize Dr. Diana Shulman, California Research Psychoanalyst (R.P. #41), to videotape my interviews as an integral part of my consultation and psychotherapy. I understand that the use of my videotapes is strictly limited and may occur only in accordance with the highest ethical standards of professional confidentiality for California mental health practitioners.

Recording and viewing of said videotapes is limited to the following:

- (1) analysis by Dr. Shulman for quality of care,
- (2) consultation by Dr. Shulman with professional colleagues to further the treatment,
- (3) training of mental health practitioners by Dr. Shulman,
- (4) transcription of edited session vignettes for research and technical journals (revised and redacted so as to protect anonymity and confidentiality)

These tapes are Dr. Shulman's property and shall remain in locked facilities at all times. Should I wish to review these tapes for any reason, a special session will be scheduled for this purpose. No tape will be stored with or deemed part of my medical record. All tapes will be erased or destroyed when they are no longer needed for the purposes listed above.

I have received a "Notice of Privacy Practices."

Signature

Date