

CONSENT TO VIDEOTAPE

I, _____, authorize David Wolff, M.D. to videotape my psychotherapy sessions with him as an integral part of my consultation and psychotherapy. I understand that Dr. Wolff is committed to studying the process of treatment in order to make psychotherapy more effective and efficient. I understand that the use of my videotapes is limited and may occur only in accordance with the highest ethical standards of professional confidentiality for California mental health practitioners.

Viewing of my videotapes is strictly limited to the following:

- (1) analysis by Dr. Wolff to optimize the quality of my care
- (2) use by Dr. Wolff for the purpose of professional supervision about my treatment

I understand that my name will never be disclosed and that the tapes will be used solely for the purposes described above. I further understand that the tapes are not part of my permanent medical record and that Dr. Wolff will destroy each DVD after it has been used for its intended purpose.

Signature

Date