



5803 W. Craig Road, Suite 105, Las Vegas, NV 89130
Phone: 702-901-5200 Fax: 702-901-5201

CONSENT FOR PHOTOGRAPHS, AUDIOTAPE, & VIDEOTAPE

Client's Name Date of Birth

I understand that it may be necessary to photograph, audio- or videotape assessment and/or treatment sessions for assessment, program evaluation, supervision, and training purposes. I understand that Creative Behavioral Connections will use this recorded material only for assessment, program evaluation, supervision, and training purposes. If the assessment or treatment involves formal research that goes beyond normal evaluation or clinical procedures, I reserve the right to consent or refuse to participate at that time. I consent for the following (please initial):

- _____ Photographs
- _____ Audiotape
- _____ Videotape

SIGNATURES

Printed Name - Parent or Legal Guardian

Signature Date

CBC Representative Date