

Tucker Day Report
Behavioral Health Services
213 First St.
Parsons, WV 26287
304-478-2833

CONSENT TO RECORD GROUP SESSION

Client Name: _____ DOB: _____

I hereby give permission to Tucker Day Report to record our meeting(s) on audio/video. I understand that the purpose of this recording is to ensure treatment compliance and to maintain the safety of staff and group participants. I understand that listeners and viewers of the recording may include all Tucker Day Report Staff and the WV Division of Corrections and Rehabilitation – Parole Services.

My signature below indicates that I give Tucker Day Report permission to audiotape/videotape our meetings and that I understand the following:

1. I can revoke my permission for you to record me at any time, with the understanding that if I choose to do so, I will need to reenroll with an alternative provider.
2. The contents of the recorded sessions are confidential, and the information will not be shared outside of the perimeters listed above.
3. The recordings will be stored in a secure location.
4. The recordings will be erased after they have served their professional purpose.

Signature

Date