DIANA W. SHULMAN, J.D., Ph.D.
RESEARCH PSYCHOANALYST, RP #41

CONSENT TO VIDEOTAPE

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

I, , authorize Dr. Diana Shulman, to videorecord my interviews as an integral part of my therapy. I understand that the use of this material 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 recorded material is limited to the following:

(1) analysis by Dr. Shulman for quality of care,
(2) consultation, if needed, by Dr. Shulman with professional colleagues to further my 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)

Recorded material is the property of Dr. Shulman and shall remain in locked facilities at all times. Should I wish to review this material for any reason, a special session will be scheduled for this purpose. ***No recorded material will be stored with or deemed part of my medical record.*** **All such recorded material will be erased or destroyed when no longer needed or wanted for the purposes listed above.**

_____ _____
Date

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