

Ella Begelfor, MA, MFT, CHT
Licensed Marriage and Family Therapist
Clinical Hypnotherapist

Consent to Videotape

I, _____, authorize Ella Begelfor, L.M.F.T., 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.

Viewing of said videotapes is limited to the following:

1. Analysis by Ella Begelfor for quality of care.
2. Consultation by Ella Begelfor with professional colleagues.
3. Training of select mental health practitioners by Ella Begelfor.

I understand that my name will not 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 Ella Begelfor will erase each tape immediately after it has been used for its intended purpose.

Signature

Date

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