

**LFS Mission:** *Lutheran Family Services expresses God's love for all people by providing quality human care services that build and strengthen individual, family and community life*

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## Client Consent to Photograph or Video Record

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**Client Name**

**Date of Birth**

**E HR/Client Number**

I \_\_\_\_\_ give permission for Lutheran Family Services (LFS) to photograph or video record assessment and/or treatment sessions. Video recordings or photographs may be used for the purposes of assessment, treatment, research, clinical supervision, and/or training.

I understand that:

- The likeness of session participants will not be disguised, there is some risk that a client could be recognized based on their likeness.
- Identifying information (name, date of birth, etc.) will not be included on the image or recording. The recording will be stored with a client number and in a locked file at all times.
- Recording equipment will be mounted on a wall or used through an observation window
- All images and recordings will be handled confidentially, within the law.
- New disclosures of child maltreatment, imminent physical injury to self or others will be reported as required by law.
- I may request that the image or recording be deleted if I am uncomfortable with any material in the recording.
- Images and Recordings may be kept indefinitely for training or research purposes. Images and Recordings for other purposes will be retained with the client file for the period of time required.
- Only LFS approved recording equipment may be used to photograph or video record clients.
- I may refuse consent for photographing or video recording for any or all purposes and refusal will not affect the treatment provided by LFS.
- Consent expires one year from the date on this form.
- Consent may be withdrawn in writing at any time.

I agree to the use of video recordings of sessions (please initial): \_\_\_\_\_ Yes    \_\_\_\_\_ No

These recordings may be used for the following reasons (please initial):

Assessment and Treatment: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Supervision: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Training: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Research: \_\_\_\_\_ Yes    \_\_\_\_\_ No

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**The undersigned certifies that he or she has read and understands the abovementioned and is the client, client's guardian, power of attorney, parent, or is duly authorized by or on behalf of the client to execute the above and accept its terms.**

_____	_____	_____
Signature of Client or Representative	Relationship to Client	Date
_____	_____	_____
Signature of LFS Staff	Title	Date
_____	_____	_____
Signature of Interpreter	Title	Date