

## Audio/Video/Information Release

At Worcester Center for Expressive Therapies, we are committed to maintaining confidentiality and honoring your privacy. We will not share any information about you or your treatment without your consent. In some cases, though, sharing an experience we had with you therapy can help to improve the overall quality of care for future expressive therapy clients. Because of this, we ask you to consider the following:

I, \_\_\_\_\_ grant Worcester Center for Expressive Therapies permission to share, video footage, audio recordings and still image photographs that are taken of me during therapy sessions if they are used for the following purposes:

- Educational (conference/community presentations, sharing with students, etc.).
- Research (for reference and/or publication in scholarly journals, books, etc.).
- Promotional (still images for use in Worcester Center for Expressive Therapies brochures, website, etc.).
- Regarding personal information (diagnoses, presentation in music, behaviors, treatment plan(s), and other information deemed clinically relevant by the therapist).
  
- I give permission for my treatment to be discussed with the therapist's supervisor(s) and other clinicians at Worcester Center for Expressive Therapies to improve the quality of his/her care.
- I give permission for my treatment to be discussed with the other healthcare professionals who make up my treatment team in an effort to increase integration and cohesion among his/her various therapeutic experiences. In this case, I give permission for my first and last name to be used.

Regarding the use of my name in the above scenarios:

- I give Worcester Center for Expressive Therapies permission to use my first name.
- I understand that my responses on this form will not affect my treatment in therapy and that I am free to grant or withhold permission of any of these things to any extent. To indicate the cases in which I do not give my consent, I have written the word "No"

next to the box. I also understand that Worcester Center for Expressive Therapies will keep my name confidential unless otherwise indicated above.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_