



**The Children's Psychological Trauma Center**  
**A Division of The Children's Psychological Health Center, Inc.**

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**VIDEOTAPING PERMISSION RELEASE**

This is to permit videotaping of consultation and/or treatment of the following patient's sessions by this Center for purposes of recording the work. I understand that a court may require the video be available to both sides in a legal case.

Name of patient/evaluee: \_\_\_\_\_

If this permission or release concerns a minor, I am the legal guardian of that minor.

- ☐ The videotapes **may be** used by The Children's Psychological Health Center, Inc. for scientific or professional educational purposes, including textbooks for mental health service providers. I understand that this is a gift on my part which may help other children and families: \_\_\_\_\_

(Please sign above)

- ☐ The videotapes **may not** be used by The Children's Psychological Health Center, Inc. for scientific or professional educational purposes, including textbooks for mental health service providers: \_\_\_\_\_

(Please sign above)

My name: \_\_\_\_\_

My signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

| <b>DO NOT WRITE BELOW – CPTC USE ONLY</b> |
|---|
| Videotaping date: _____/_____/_____       |
| Videotape #: _____                        |
| Drawer #: _____                           |