

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Julie Rappaport, LPC, has the right to take digital recordings of me for the duration of treatment and to use these in any and all media, now or hereafter known, and exclusively for playback IN SESSION only. This playback is for the sole benefit of the couple and after the session is over, the recording will be deleted. Additionally, if playback is not used during the session, the recording will be deleted following the session.

I further understand that under NO circumstances will my name and/or identity be revealed therein or by descriptive text or commentary.

I do hereby release to Julie Rappaport, MA, LPC, all rights to utilize this material for treatment purposes and **reserve my right** to verbally or by any other means **revoke any and all permission at any time.**

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that recorded materials are not a part of my therapy record and that Julie Rappaport, MA, LPC, can, at her discretion, **destroy any and all recordings without notification.**

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____