TEXAS A&M PHYSICIANS
TEXAS A&M HEALTH SCIENCE CENTER
transformingHEALTH™

Psychiatry & Behavioral Health
2900 E. 29th Street, Suite 101
Bryan, TX 77802
Phone: 979.774.8200
Fax: 979.776.6905

Consent Form
Videotaping of Behavioral Health Sciences

I (name) _____ authorize _____ to videotape my treatment interviews as an integral part of my consultation and therapy. I understand that the use of videotapes will be restricted to the following purposes:

Please initial to indicate your approval: Initials

1. To be heard and/or viewed by myself and mental health provider _____
2. To be used in consultation with professional colleagues _____
3. To be used in research evaluation of the processes of treatment _____
4. To be used in the training of professional colleagues _____
5. To be used in education of trainees- medical students, residents, nurses, and psychotherapists _____

I understand that my full name will not be revealed, and that the interviews, recordings and reports will be used solely for the purposes described above in accordance with the ethical standards of professional confidentiality for licensed mental health professionals.

I understand that I will not receive financial compensation for the use of these videotape recordings. I further understand that should I wish it, at my written request, these tapes will be destroyed.

Signature _____ Date _____