

**PHONE.:** +1 (310) 207-1720  
**FAX:** +1 (310) 207-1638  
**ADDRESS:** 11633 San Vicente Blvd. Suite #106  
**E-MAIL:** hello@oneneuro.com  
**WEB:** www.oneneuro.com



## Release and Permission to Record Sessions and to Use Case Materials

As clinical neuropsychologists, psychologists, and physicians, we naturally want to know more about how our assessment and treatment services helps people. To understand this better, we must collect information about clients before, during, and after they receive evaluation and treatment services. Therefore, we are asking you to help by allowing us to record our sessions, and also perhaps by filling out some questionnaires about different parts of your life—relationships, changes, concerns, attitudes, and other areas. Video and audio recordings are sometimes used as aids in the treatment process, in the education of mental health professionals, for supervision purposes, and in research. We need to have your written permission to make and use these recordings and materials for these purposes.

We would also be grateful for your consent to use your case material in our other professional activities. Your material may help in the development of the mental health field or in the training of health care workers. It is possible that we could use your material in teaching, supervision, consultation with other therapists, publishing, or scientific research. For these purposes, I might use any of the following:

- Clinical or case notes we have taken during or after our sessions.
- Psychological test responses and scores, questionnaires, checklists, and similar data collection forms.
- Electronic or other recordings (such as audiotape, videotape, video disc, transcriptions, case notes, physiological monitoring, or any other recording method) of any interview, examination, or treatment with us. These recordings may include clients, therapists, or others, and may be made in my office or in similar settings by other professionals.

When we use materials from testing or therapy work, we do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, we would conceal your identity by one of the following methods:

- Reporting the results as grouped data (that is, publishing only numbers like averages, and not publishing any individual's scores or names).
- Removing all names, dates, places, descriptions, or any other information by which you or anyone else involved could be identified. In particular, we will not use, or allow anyone else to use, your real name in any presentation of any of these materials.
- Using any other methods for maintaining confidentiality appropriate to the medium, such as electronically concealing someone's face or altering his or her voice.

These materials will be presented only to other health care professionals and to their students. All of these persons are bound by federal and state laws and professional rules about clients' privacy. We will keep all these materials in a safe location, and destroy them as soon as they are no longer needed. Therefore, we are asking you to read and sign the following:

I, the client (or his or her parent or guardian), consent to the recording of my sessions for the purposes described above. The purpose and value of recording have been fully explained to me, and I freely and willingly consent to this recording.

This consent is being given in regard to the professional services being provided by One Neuro. I agree that I am to receive no financial benefit from the use of the materials. I understand that if I do not agree to the uses of these materials or the recording of meetings as indicated, I will not be penalized in any way, and it will not affect the care I am to receive in any way. I understand that I may ask for the recording to be turned off or erased at any time during my sessions. I also understand that within 5 days following a session, I may choose to request a viewing of the recording with the therapist. I further understand that I may then ask for the recording to be destroyed. If I choose to ask this, I will deliver a written statement to this effect to the therapist within 5 days following the viewing.

I understand that I am fully responsible for my own participation in any and all exercises and activities suggested by the therapist. I agree not to hold the therapist legally responsible for the effect of these exercises on me, either during the session or later.

I give One Neuro my permission to use the materials for research, teaching, and advancing other professional purposes. I understand that they will be used as an aid in the process of improving mental health work or training health care workers. I agree that the materials may be sold or otherwise made available to health care professionals for educational, training, and/or research purposes. These professionals and their students are bound by state laws and by professional rules about clients' privacy.

