

Bellevue Family Counseling, LLC  
1601 116<sup>th</sup> Ave NE, Ste. 102  
Bellevue, WA 98004  
Main 425-417-4700  
Fax 425-454-1476

**Video & Electronic Media Recording  
Client Release Form**

I, \_\_\_\_\_ give my consent to Bellevue Family Counseling, LLC to record audio and video of my/our counseling sessions and securely storing the file on electronic media. **I have been informed and acknowledge that all electronic recording will be done with my full knowledge and will be used for counselor training, supervision, and/or consultation purposes only.** Any other use of this material is unauthorized unless I give informed written consent.

I acknowledge and agree that any and all recordings will be erased/deleted from any and all recording media at no later than ninety days after the completion of the counseling with Bellevue Family Counseling, LLC unless I provide specific and written consent.

The co-signature of the provider on this form acknowledges responsibility for the professional use and appropriate protection of and disposal of recorded material.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Client or Parent / Guardian Signature