

Bellevue Family Counseling, LLC
1601 116th Ave NE, Ste. 102
Bellevue, WA 98004
Marlon 425-417-4700
Leah 425-417-5902
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**Video & Electronic Media Recording
Client Release Form**

I, _____ give my consent to Marlon Familton; Leah Koenig and 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