

**Lynda Majure Ruf, EdS, LMFT, LMHC**

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**Consent Form for Audio/Video Recording**

This is an agreement entered into on Date: \_\_\_\_\_ between Lynda Ruf, LMFT, LMHC and Client: \_\_\_\_\_

Parent/ legal guardian (if client is a minor child): \_\_\_\_\_

Client Address: \_\_\_\_\_

Client/ Parent/ Legal Guardian Phone Number(s): \_\_\_\_\_

Lynda Ruf, LMFT, LMHC wishes to use video and/or audio recordings of my sessions for the purposes of professional education, treatment, teaching, and research designed to benefit other clients and increase the body of knowledge available for such treatment, and requests the endorsement and support of the use of such recording for the purpose of such professional education, research, and or education of the general public.

It is agreed by both parties that:

1. The client (or parent/guardian of minor child client) consents to the use of video/audio material recorded by Lynda Ruf, LMFT, LMHC during the course of treatment as follows:
2. The said recorded material will be used solely in the interest of the advancement of mental health programs and only for the purpose of professional education, training, treatment or research activities connected with the programs and will not be used for any other purpose.
3. Lynda Ruf, LMFT, LMHC agrees not to use or permit the use of the full name or any other specific identifying information not contained in/on the tape that might reveal the identity of the client in connection with any direct or indirect use of exhibition of such video tape and/or audio tape.
4. Others may view it if it is for instructional, research or other educational purposes. This includes the general public through internet websites, links, or other forms of electronic distribution.
5. I (client or parent/guardian of minor child) agree that Lynda Majure Ruf, LMFT, LMHC is the sole owner of all rights in and to the said recordings for all purposes herein set forth.
6. There shall be no financial compensation for the use of such video tape and/or audio tape.
7. I (Client or parent/guardian of minor child) reserve the right to view/listen to any tape recorded within two weeks of the taping if I so desire, prior to granting this permission. After that date, I agree that I shall abide by the agreements above.
8. Any exceptions or stipulations noted: \_\_\_\_\_  
\_\_\_\_\_
9. This permission is granted in perpetuity unless otherwise specified \_\_\_\_\_.

I have read and understand all of the above information, and Lynda Ruf, LMFT, LMHC has given me the opportunity to ask any questions I have regarding any item above.

\_\_\_\_\_  
Lynda Majure Ruf, LMFT, LMHC Date

\_\_\_\_\_  
Client or Parent/Legal Guardian of Minor Child Date

\_\_\_\_\_