



Jetson Counseling

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I, _____ (name of client/participant), I do hereby authorize Jetson Counseling to audio and/or video record talks presented that may include personal information related to myself and my psychological well being.

By initialing the spaces below, I specifically authorize the use and/or disclosure of the following psychological/emotional information:

- _____ All Photography, Video, audio, and/or printed taken from me on the date of this release.
- _____ My voice to be heard by others recorded on this date.
- _____ A video of myself being seen and heard by others on this date.
- _____ The use of audio and/or video clips on the internet or for presentations

I understand any and all reproductions of materials including my image, voice, condition (as outlined above) or personal testimony obtained on the date of this release remains the property, solely and completely of Jetson Counseling, to be used exclusively for the purpose of editing for books, audio and video materials for education purposes for others.

I understand that by signing below I am voiding any previous elections to “opt out” of releasing information for the express purpose(s) outlined above.

I understand that media representatives are not covered by federal privacy regulations and my health information may be disclosed and no longer protected by these regulations.

I further understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or eligibility for benefits.

Finally, I do understand that I may revoke this authorization at any time, provided that I do so in writing. I understand that information released between the effective date of this authorization and the date of the revocation may still be used in the public domain.

Print Name of Client

Date

Signature of Client or Client Representative

Print Name of Client Representative (if applicable)

Relationship to Client