

Daniel T. Merlis, LCSW-C

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AudioVideotape Release

I, _____ hereby give my consent to be audio/videotaped during my psychotherapy sessions with Daniel Merlis, LCSW-C. I understand that the purpose of the taping is for professional teaching purposes only and that any other use of the tapes is prohibited without prior knowledge and written consent. Excerpts of taped sessions might be used for instructional purposes to psychotherapists in training to illustrate specific psychotherapy techniques and approaches. In cases where excerpts are transcribed for inclusion in a professional article or book, I understand that identifying information and contextual information will be altered to protect my identity.

Printed Name

Signature

Date