Documentation Agreement

This is a document stating that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that there will be no recordings made of therapeutic sessions with my therapist, Melinda (Mindy) Thomas, by myself or any other person/person’s participating in my/our session, and further agree and understand that written documentation on sessions concerning me, my family or children is limited due to Melinda Thomas’s disability of blindness. I understand that the lack of written documentation is to insure and maintain confidentiality as well as limitations of electronic equipment. Written documentation is limited to the following documents:

Individual & Family Solutions Therapeutic Agreement

Individual & Family Solutions Parent/ Child Therapeutic Agreement

Individual & Family Solutions Payment Agreement

Individual & Family Solutions HIPPA form

Individual & Family Solutions Basic Information form

Individual & Family Solutions Parent/Child Basic Information form

Individual & Family Solutions Court Action Agreement

Release of Information forms

Record of Scheduled appointments

The Occasional Health Insurance notifications

Paperwork that is provided by a parent or client by other Mental Health/Medical professionals

I understand that if any sessions are to be recorded that all parties concerned will be notified and given the opportunity to deny the permission to record. If my therapist, Melinda (Mindy) Thomas suggests that a session be recorded for therapeutic intervention that will be permitted with the knowledge that the said recording will be destroyed and unavailable for any other use. I also understand that if I should wish that no recordings be made that my wishes will be honored without any negative consequences.

I understand that this agreement is to protect confidentiality for me as well as any other member of the therapeutic session and it is understood that this document is to be a legal and binding contract. If any recordings are made without the knowledge of all participants of the therapeutic session and having been granted permission for recording, any legal action that can, will be taken to the extent permitted by law.

If I or my family should request documentation of sessions, we will sign an agreement to have our sessions recorded by digital recording device with the understanding that this is only as reliable as the equipment.

(Over)

DIGITAL RECORDING AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that there will be no recordings made of therapeutic sessions with my therapist, Melinda (Mindy) Thomas, by myself or any other person/person’s participating in my/our session.

I understand that if any sessions are to be recorded that all parties concerned will be notified and given the opportunity to deny the permission to record. If my therapist, Melinda (Mindy) Thomas suggests that a session be recorded for therapeutic intervention that will be permitted with the knowledge that the said recording will be destroyed and unavailable for any other use. I also understand that if I should wish that no recordings be made that my wishes will be honored without any negative consequences.

I understand that this agreement is to protect confidentiality for me as well as any other member of the therapeutic session and it is understood that this document is to be a legal and binding contract. If any recordings are made without the knowledge of all participants of the therapeutic session and having been granted permission for recording, any legal action that can will be taken to the extent permitted by law.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_