

CONSENT TO VIDEO RECORD

I, _____, give my full consent to have my interview recorded. I understand that the recorded analysis of the process of dynamic psychotherapy is required so Donovan Wong, MD can monitor and accelerate the therapy process. The recording(s) will be systematically reviewed only by Donovan Wong, MD and his supervising therapists for quality care purposes. I acknowledge that the recording becomes the sole and exclusive property of Donovan Wong, MD. Furthermore, I understand that the recording is not part of my permanent medical record, and that Donovan Wong, MD has the sole and exclusive rights to its viewing and erasure.

Patient's Signature _____

Date _____