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**CONSENT TO RECORD**

*Authorization for use of disclosure of Health Information*

*By signing below, I hereby authorize and permit Candy Smith to film, record and photograph by audio and video my sessions.*

*I further authorize Candy Smith to disclose, display, publicly perform these recordings which includes my name, image, likeness, appearance and voice as they appear in the recordings. The Relational Life Institute and its faculty, agents, employees and representative will provide feedback on the sessions to Candy Smith for training purposes. I understand the Relational Life Institute may receive remuneration as part of its observation and feedback on the recordings.*

*Candy Smith shall maintain and will obligate RLI to maintain the confidentiality of the health information. I acknowledge that any uses and or disclosure of the recording will be without my further consent. I understand that I have the right to revoke this authorization at any time, prior to use or disclosure by Candy Smith to RLI for such purposes, and except otherwise where this revocation I must do so in writing and send it to candysmithlcpc@gmail.com. This authorization shall terminate 12 months from the date of the recording unless revoked prior to such date.*

*I understand that uses and disclosures already made based upon my original authorization cannot be taken back. Even if this authorization is revoked, I agree that Candy Smith as and will be the sole and exclusive owner of all right, title, and interest in and to the recordings, including all copyrights and other intellectual property rights therein, in perpetuity throughout the universe. I understand that my treatment is not conditioned upon my signing this authorization and that I have the right to refuse to sign this authorization without giving any reason. I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.*

*By signing below, I acknowledge that I have read and understood all of the terms of this authorization.*

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_