



## Limited Consent Form

I consent to this session being video recorded. I understand that the recording will only be used for the purpose of supervision, teaching and evaluation of the interviewer within the Leeds Addiction Unit Training Department and that it does not constitute part of any clinical records. I give my consent on the understanding that the recording may need to be stored for a period of up to 5 years at which time it will be erased or destroyed, and that the Leeds Addiction Unit respects issues of confidentiality during the period of storage.

This agreement has been discussed with me by .....

(name of interviewer)

Name:

Signed:

**NB This consent form should be filed in the case notes and a copy retained by the client.**