

Susan Myket, Ph.D. & Associates

Using Research-Supported Therapies to Enrich Families

Group Observation Consent Form with Confidentiality

My child is a voluntary participant of a therapy group at Susan Myket, Ph.D. & Associates.

- I consent to my child being observed while in group by parents/guardians of other group participants.
- I may occasionally be permitted to observe a portion of a group. During this observation, I may see and hear other group participants. I agree to keep any observations confidential for the term of the group and at all times thereafter.

I understand that confidentiality will also be strictly maintained by all professionals connected with my child's case.

The consent shall remain in effect until _____.
(Fill in expiration date)

If no calendar date is stated, observation may occur only on the day the consent form is received by Susan Myket, Ph.D. & Associates. I understand that I can revoke this consent at any time, in writing, by sending such written notification to the office address below. If I have questions or want to discuss this release, I can contact Dr. Susan Myket, Principal of Susan Myket, Ph.D. & Associates.

Print Name of Client

Signature of Parent/Guardian

Date

Signature of Second Parent/Guardian if Observing

Date