

**SUBSTANCE ABUSE REHABILITATION PROGRAM  
AUDIO/VIDEO CONSENT FORM**

On certain occasions interviews and treatment sessions may be audio/video taped, and/or observed. The purpose of these procedures is to provide for high quality professional services and for use in training the alcohol counselors.

I, \_\_\_\_\_, consent to and authorize the production of audio/video tape recordings, closed circuit television, or other observation at the Substance Abuse Rehabilitation Program, \_\_\_\_\_ (command).

I understand that all information so obtained will be handled in confidence to the extent allowed by law. I understand that I may revoke this consent at any time. Per BUPERS Form 5350/10 (Drug and Alcohol Privacy Act Statement) I further understand that information will not be released to unauthorized agencies or individuals without my expressed, written consent.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Patient Name	Rank/Grade	Sex
SSN/Identification Number	Status	Date of Birth
Branch of Service	Organization	
Sponsor's Name	Relationship to Sponsor	