



Permission to show patient video and/or play patient audio

I, _____ (name of patient), hereby give permission to _____ (name of professional) to show videotaped or play audio taped interview(s) of me to attendees at the 33rd Annual International Conference of the International Society for the Study of Trauma and Dissociation, being held 31 March – 4 April 2016 in San Francisco, CA, USA. I understand that personal material will be used *only* for educational purposes and that the videotape or audio tape material will NOT be rerecorded at the conference for later distribution.

Name of Patient: _____

Signature of Patient: _____

Witness: _____

Date: _____

Alternate Attestation:

I, _____ [name of professional] affirm and attest that I **previously** obtained **written or verbal** permission to use audio or videotaped materials of patient _____ [name of patient] but that this person is not available to **re-execute** the above waiver. I take responsibility for using this material in accordance with the ethical guidelines of my profession and hold ISSTD harmless for any claims of violation of confidentiality that may arise.

Name of Professional: _____

Date: _____

Witness: _____

Date: _____

Return to ISSTD Headquarters:

Email: info@isst-d.org

Fax: 703-610-0234

Or Mail:

8400 Westpark Drive

McLean, VA 22102

USA