



Video/Audio Recording Consent Form

I, _____ hereby attest to the following:

I fully am aware that I am giving permission to have all and any of my sessions recorded by either video camera or digital audio for my own protection as well as the protection of the employees and owner of Integrative Natural Wellness Associates, LLC. All recordings are confidential and respect client confidentiality rights.

I give this consent on this day ____ of the month of _____, in the year _____.

Name:

Printed

Signed