



**Rapid City  
Counseling Inc.**

528 Kansas City St.,  
Suite 5

Rapid City SD  
57701-2766

605-299-9100

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**Play Therapy Supervision Consent Form**

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I, Stacy L. Keyser, have four years of experience treating children with play therapy. I have decided to pursue my credentialing as a Nationally Certified Play Therapist through the Association of Play Therapy and seek your permission to consult your child's therapy with my Play Therapy Supervisor, Susan Terveen, to enhance my ability to become credentialed as a Registered Play Therapist. Should it be needed, I seek your permission to digitally record the sessions with your child to discuss methods of interacting and receive feedback from my Play Therapy Supervisor.

All names will be kept confidential. In addition, all matters discussed in supervision consultation will remain completely confidential. The digital recordings are not part of the clinical record and will be used for no other purpose without your written permission and will be erased when they are no longer needed for these purposes.

These digital recordings are property of Stacy L. Keyser, MS, LPC-MH, NCC, ACS, QMHP, CCTP and will remain solely in my possession during the course of your child's therapy. These materials will remain locked in a file cabinet/clinical chart at all times.

The provider will weigh the advantages against potential risks prior to proceeding with sessions and will make you aware of specifics about how risks apply to the child's treatment before hand. All other office privacy practices and policies provided to you apply to these sessions just as they would in regular sessions.

There are, by law, exceptions to confidentiality which apply whether treatment is being provided in-person or via video conferencing and include mandatory reporting of any child, elder, and/or dependent adult abuse as well as any instance in which this Provider suspects a person to be of risk of harm to themselves or someone else.

Additionally, dissemination of information from this Provider to other entities may occur if written consent has been provided. Certain legal situations may also lend themselves to exceptions to confidentiality.

While psychotherapy of various kinds has been found to be effective in treating a wide range of mental health disorders, as well as personal and relational issues, there is no guarantee that all treatment will be effective. Thus, while benefits may be seen from therapy provided via video conferencing, results cannot be guaranteed or assured.

By signing this document, you are declaring your agreement with the following statement:

I have read and understood the information provided above. I accept the conditions of this statement and give my permission to have my child's and/or child - parent therapy sessions digitally recorded. I understand I may choose to revoke this consent via written request and/or inform Provider of my desire to discontinue treatment at any time, but until I do so it shall remain in full force and effect until the purposes stated above are completed.

Child Name: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_