Department of Juvenile Justice and Delinquency Prevention

JUVENILE CONSENT FOR AUDIO RECORDING FOR USE IN TRAINING

Juvenile Name/#_____   Date:_____

I hereby authorize (staff member's name) _____ and the Department of Juvenile Justice and Delinquency Prevention (DJJDP) to have my session(s) of Motivational Interviewing be recorded on audio tape/digital recording device for the purposes of training for DJJDP's staff. Motivational Interviewing has been researched and shown to be successful in helping people address problems in their lives.

I understand that the use of the recordings for training will benefit my services at DJJDP through the implementation of an evidence-based intervention as well as from the enhanced training for DJJDP staff. In addition, my participation will represent a significant contribution to DJJDP's work with individuals and families.

It is my understanding that no identifying information will be used during the recording of the session. Only first names will be used. The recordings will be sent to our Motivational Interviewing consultants (Evidence Based Solutions, LLC) for quality assurance. After reviewing the recordings, the consultants will destroy the recordings.

I understand that I may hear the recording in the presence of my assigned staff member before it is ever used.

I understand that I may withdraw my consent at any time, in writing, or if I am physically unable to write, by orally advising the facility director.   If I withdraw my consent, DJJDP will destroy all recorded material immediately after they have received notification that my consent had been withdrawn. This withdrawal of consent will have no bearing on my continuing work with DJJDP.

It is my understanding that my participation or refusal to participate in audio recording for the above purposes will have no negative bearing on my continuing treatment at DJJDP.

I fully understand the nature and intention in the use of these recordings and have had all questions relating to my consent answered to my satisfaction.

This release will be in effect from _____ (DATE) to _____ (DATE)

Names - printed: **Signatures & Date**:

_____   _____

WITNESS: (staff member):
Names - printed: **Signature & Date**:
_____   _____