

## Example Permission to Record EMDR Client Sessions for Consultation Purposes

I, \_\_\_\_\_, give permission for the recording and discussion of my EMDR  
Client Name Here

therapy sessions, and for presentation of my clinical progress, by \_\_\_\_\_.  
Therapist Name Here

I understand that the purpose of the recording is for my therapist's professional development in EMDR therapy.

\_\_\_\_\_ I understand that confidentiality is of utmost importance and that my name will not be used in the presentation and that no identifying information will be shared.

\_\_\_\_\_ I understand this presentation (i.e. recording) of my session(s) will be reviewed by my therapist, the consultant my therapist is working with, and potentially other clinicians who are participating in group consultation.

\_\_\_\_\_ I understand that any recording will remain in the control of my therapist at all times, and will not be reproduced, unless by separate consent.

\_\_\_\_\_ I understand this release will be retained in my file, unless I rescind it.

\_\_\_\_\_ I understand that I can rescind this consent whenever I choose and that any recording of my session will be discarded at my discretion and direction, after discussion with my therapist.

\_\_\_\_\_ I understand that if I am involved, or likely to be involved, in litigation that I may choose to decline this request for any recording or use of my clinical material, as caution against possible subpoena.

\_\_\_\_\_ I understand that there is no obligation to consent, with no penalty or consequence for declining, and I consent freely.

I do not want my face filmed: \_\_\_\_\_  
Client Initials Here

Client Name & Signature:

Date:

Therapist Name & Signature:

Date: