

Consent to Record and Share Audio/Video for Client

As part of your EFFT treatment, I would like to seek permission to record some/all of our sessions. This recording will be reviewed for the purpose of EFFT supervision and/or training in individual and/or group settings.

If you would prefer the sessions not to be recorded, this will not affect our work together in any way. If you do agree to the recordings, please note you have the right to withdraw consent at any point during the course of treatment. If you wish to do so, please inform your therapist/supervisor directly. Recordings will be deleted within one month.

I (name)..... agree that audio/video recordings of our sessions can be made and shared with a third party for the purpose of supervision and training. I am aware that these recordings may involve personal and sensitive information.

By signing this declaration form, I understand that I am consenting to my recordings being shared electronically/online in a secure manner.

Client Name.....

Contact number/email address

Signature.....**Date**.....

Consent to Record and Share Audio/Video for Supervisees

As part of your EFFT supervision, I would like to seek permission to record some/all of our sessions. The purpose of this would be to be able to reflect over the sessions and to discuss them within EFFT supervision (individual and group).

If you would prefer the sessions not to be recorded, this will not affect our work together in any way. If you do agree to the recordings, please note you have the right to withdraw consent at any point during the course of supervision. If you wish to do so, please inform your supervisor directly. Recordings will be deleted within one month.

I (name)..... agree that audio/video recordings of our sessions can be made and shared with a third party for the purpose of supervision and training. I am aware that these recordings may involve personal and sensitive information.

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Client Name.....

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Signature.....**Date**.....