



Briana Messerschmidt, M.S.
Licensed Marriage and Family Therapist #122796

**PERMISSION TO VIDEO/AUDIO TAPE PSYCHOTHERAPY SESSIONS-
Minor**

In order to constantly improve my skills as a therapist, I am currently earning my certification in EMDR therapy. To earn my certification and to better aid to my abilities in performing EMDR therapy, I often like to record sessions. If you are comfortable with this, I need your written permission. Our work in therapy will not be affected by the recording and you are free to say no. If at any time you change your mind, we can stop the recording.

I give permission for Briana Messerschmidt to record our psychotherapy sessions for the following use. Initial the option(s) agreeable to you. (Initials, client and parent)

- 1) For use in peer consultation meetings _____
- 2) For use in meeting with a consultant _____

I understand that my confidentiality will be protected at all times. If either a consultant, peer, or researcher knows me in any way whatsoever they will not view the recording and will keep my confidentiality as per standard professional guidelines.

Client: _____
(Signature)

Name: _____ Date: _____
(Print)

Parent: _____
(Signature)

Name: _____ Date: _____
(Print)

Therapist: _____ Date: _____