Consent for Video Recording of and Release of Information for Consultation

In order to provide the best possible therapy treatment, it is common for therapists to periodically record video of therapy sessions. I make particular use of this technique when I work with couples in the Emotionally Focused Therapy (EFT) model. The purpose of recording therapy sessions is to enhance the effectiveness of therapy by providing me with another way to review our therapy sessions and prepare for the next session. I also consult regularly with other professionals concerning my clients; this consultation sometimes includes reviewing recorded portions of therapy. All professionals with whom I consult are bound by the same laws respecting your confidentiality.

By agreeing below, I give my consent to allow my therapy sessions with Ossi Pace, LMFT (#88864), to be videotaped and be observed by an EFT consultant, therapist, a team of therapists, or therapists-in-training.

I understand any supervisor, therapist, or therapist-in training who observes my therapy session is under the same confidentiality requirements as my therapist. Furthermore, I understand if by chance any supervisor, therapist, or therapist-in-training knows me socially, he/she will immediately leave the session and will not observe, seek, or be given any information about my case.

I also understand the purpose of allowing observation of my therapy sessions is to enhance the effectiveness of the therapy treatment I am receiving with Ossi Pace, LMFT (#88864). I understand I will be notified if any live observation or taping is going to occur before my arrival.

I understand I may withdraw this consent at any time, for any reason. I understand declining to be video taped, or withdrawing consent will in no way affect my/our continuing to receive treatment.

Furthermore, I understand while being treated, my primary therapist will remain Ossi Pace, LMFT (#88864). In case of emergency or problems during the week, I will contact the emergency/crisis phone numbers in the Informed Consent. This release is valid for one year from the date of signature(s).

**\*I consent to the videotaping of our couples therapy sessions as described above in this form:**

Yes, I consent to video taping and review

No, I do not consent to video taping and review

\***Signature is required for both Yes and No answers.**

Client(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_