CONSENT TO RECORD SESSIONS-Conjoint Treatment

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to allow

Ali Dubin, PsyD to video/audiotape our conjoint psychotherapy sessions. Ali Dubin, PsyD has explained

her commitment to improving the practice of couples therapy and how she plans to use the recordings.

We understand that the use and viewing of the recordings in whole or part is strictly limited to

the following:

(1) analysis by Ali Dubin, PsyD to optimize the quality of our care

(2) use by Ali Dubin, PsyD for the purpose of professional consultation about out treatment

(3) use by Ali Dubin, PsyD for the purpose of group supervision with other professional therapists

We understand that our names will never be disclosed, and that only therapists who do not know us will

be allowed to view the tapes. We further understand that the tapes are not part of our permanent

medical record and that Ali Dubin, PsyD will destroy each recording after it has been used for its

intended purpose.

We understand that either of us may withdraw our consent at any time.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date