# Permission for Audio and Video Recording, and Case Discussion (Sample)

(“Recording” to include audio cassette or CD, VHS or DVD)

I, , give my permission for the recording and/or discussion of my (client)

EMDR session(s), and for the presentation of my clinical progress, by . The

(therapist) purpose of this review is for the listed therapist’s professional development in EMDR practice.

* + I understand that confidentiality is of utmost importance and that my name will not be used in the presentation nor will identifying information be shared.
  + I understand this presentation of my session(s) will be reviewed by the named therapist, with the involvement of an Approved Consultant in EMDR, and potentially other Consultants in Training, and /or Certification Applicants.
  + I understand that any recording will remain in the control of the designated 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(s) will be discarded at my discretion and direction, after discussion with the above 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: (initial here)

Signature of Client Date

Signature of Therapist Date