

Note that this document was written by an AEDP Institute lawyer in 2018. This should serve as guidance, ideas for faculty / certified supervisors to consider when creating their own agreement. While it looks like a template you should not use it 'as is' without consulting your own lawyer and without, together with your lawyer, considering what is the best legal protection - and ethically in line with your practice / your Licensing Board for you / your clients.

RELEASE FOR VIDEO RECORDING OF PSYCHOTHERAPY SESSIONS

I appreciate your consent to videotape our sessions. Your permission will help me provide you with the best possible treatment and help others in the field learn important ways of conducting psychotherapy. I am grateful for your consent and will use these recordings under the ethical standards of professional confidentiality for licensed mental health professionals. Any use of these recordings will be with the utmost respect. I am grateful for your willingness to share your material.

I _____ (The Client)

Hereby authorize:

_____ (The Therapist) to make videotape recordings of my participation in psychotherapy with the Therapist and use the recordings for the purpose(s) I have agreed to below.

Circle and initial the option(s) agreeable to you.

- | | (Initials) |
|---|------------|
| a) To be viewed by my therapist to learn or improve my treatment | _____ |
| b) For consultation/supervision with professional colleagues | _____ |
| c) For transcription without any identifying information | _____ |
| d) For research without any identifying information | _____ |
| e) For teaching of registered therapists in professional training | _____ |

1. I acknowledge that I am not offered any compensation, nor am I under any duress, to give my consent. I understand that my status as a patient of the Therapist will not be affected in any way whatsoever by my consent or lack of consent.

2. I understand that when the Therapist shows the tapes to other therapists and supervisors, the therapists and supervisors will necessarily be made aware that I am a patient of the Therapist because they will see my image, hear my voice and what I have said, and see and hear the Therapist addressing me. However, the Therapist will not otherwise reveal identifying information about me to any therapists or students, nor will the Therapist disclose my name to therapists or students who view the video recordings (other than by showing the tapes, on which my first name may be stated when I address or am addressed by the Therapist.)

Initials: Patient _____ Therapist _____

3. The Therapist will retain the video recordings indefinitely for use for the above purpose(s). I understand that the tapes are for the private use of the Therapist as described above. If the Therapist wishes to use the video recordings for any other purpose than that stated above, then I understand that I must sign a separate and different consent for other purposes.

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

5. I understand that videotaped recordings of my psychotherapy sessions are for clinical and educational purposes only. Because videotaping offers a detailed and accurate record, they allow the opportunity for high-quality self-supervision and consultation and supervision with others. Consequently, these tapes can be an integral part of treatment and improve the services offered.

6. The use of these video recordings will be strictly for clinical and educational purposes for The Therapist; steps are taken to ensure my confidentiality. Local laws and professional codes of ethics regarding patients' privacy bind all professionals and students who view these tapes. Video recordings will be kept locked in a safe location.

7. I understand I can ask that recording be stopped at any time. I can request that previous tapes be destroyed by submitting my request in writing.

8. This agreement is made under the laws of _____
(Please list the state, province or territory as well as country).

9. I, the therapist, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason to believe that this person is not sufficiently competent to provide informed and willing consent.

Note to the signing professional: The laws of each jurisdiction are different, and each professional licensing body has its ethical guidelines that may vary. Therefore, it is the responsibility of each professional who uses this form to check the appropriateness with their professional licensing authority. No warranty is expressed or implied about the validity of this form for all circumstances.

Initials: Patient _____ Therapist _____

Signature of patient

Date

Name (print) _____

Address _____

Phone _____ Email _____

Therapist

Date

Name (print) _____

Address _____

Phone _____ Email _____

Initials: Patient _____ Therapist _____