

ADRIANA RUSSELL MFT 32978

Authorization Release for Permission to Record and for Use of Recorded Material

Video and audio recording are commonly used for consultation, training and research in couples therapy. In order to record your session I need your written consent. The recording of sessions will likely enhance the effectiveness of the therapy, but it is not required. You may decline to have sessions recorded.

Confidentiality: For any of the uses agreed to below, the strictest confidentiality will be maintained and there will be no sharing of recorded material beyond the limits specified below. Except for your first names and your voice and/or image on the recording, there will be no information that could identify you. The recording will never knowingly be shared with anyone who knows you. Mental health professionals who may view or hear recorded material of your session (if permission is given here) are bound by law and by code of ethics to protect your confidentiality. Except as noted below, the existence of this recording will not be discussed with anyone at any time.

Video & Audio Audio Only **How the recorded information may be used**

___/___ ___/___ **Session Review Only** The recording may be reviewed privately by Adriana Russell MFT prior to the next session. It will not be kept beyond the next session and no recording will be kept beyond the conclusion of therapy.

___/___ ___/___ **Consultation** The recording may be shared with a clinical consultant who has been engaged to provide expert clinical consultation regarding the therapy process. This consultation provides clinical expertise as a resource to your treatment and increases effectiveness. The recording, once viewed, will not be kept and will not be made part of the therapy record.

___/___ ___/___ **Training** A brief recording excerpt may be used by Adriana Russell MFT to demonstrate her mastery of EFT skills during coursework towards becoming a certified EFT couples therapist. The recording may be shared with licensed colleagues and clinical experts to increase effectiveness of treatment. The recording will then be deleted and will not be kept beyond conclusion of therapy. The recording will not be made part of the therapy record.

Other conditions (specify): _____

Freedom to withdraw consent

We understand that we may withdraw previously granted consent at any time without giving a reason, and that this will not affect our treatment or relationship with our therapist in any way. We give our permission to Adriana Russell MFT to video/audio (circle one) record our couple therapy sessions for the purposes indicated above.

Client _____ Client _____ Date: _____

Witness _____ Date _____