

## Consent to Record Therapy Sessions for Consultation/Supervision

In order to constantly improve my counselling skills I like to record my therapy sessions. If you are comfortable with this I need your written permission. I ensure that our counselling sessions will not be affected by the recordings, and if at any time you change your mind we will stop the recordings and null this agreement.

We, \_\_\_\_\_ and \_\_\_\_\_,  
(print) (print)  
consent to our therapist, \_\_\_\_\_, making video  
(print)  
recordings of our therapy sessions.

We understand the videos of our therapy sessions will be used to aid the counselling process and to gain further understanding of important aspects of our treatment. We also understand that the videos of our therapy sessions may be used by our therapist to obtain consultation/supervision in the EFT model of therapy. If a video is used for consultation, we understand that it will be viewed only by Tina Sirois-LeBlanc, M.Ed., LCT (#CTA17-019), CCC, Certified Therapist and Supervisor in Emotionally Focused Therapy (EFT) and the video will be safely erased immediately after consultation has been obtained.

Please initial the options agreeable to you.

*(Initials)*

- 1) For our therapist to review outside of sessions. \_\_\_\_\_
- 2) For our therapist to use in a face-to-face meeting with consultant/supervisor Tina Sirois-LeBlanc to help learn the EFT model. \_\_\_\_\_
- 3) For our therapist to use in consultation/training groups with other therapists. We understand that if any therapist in the group knows either of us in any way whatsoever, the therapist will be asked to leave the group supervision and keep confidential the fact that we were seeking counselling. \_\_\_\_\_
- 4) For our therapist to use with online supervision via a safe encrypted version of Zoom and/or to share recorded portions of our therapy sessions via a password protected file share program such as WeTransfer. We understand that contents/recordings of any and all of our sessions will be kept private and confidential. \_\_\_\_\_

We understand that the contents of the video session and the feedback to our therapist will be kept private and confidential by all parties within ALL four options listed above. We understand

that no names or identifying information other than what is on the recording will be provided to anyone.

We also agree that the consultant is only responsible for providing training/consultation to the therapist on the use of the EFT model. This training is a service to the therapist. The therapist is then solely responsible for the conduct of our therapy sessions and any outcomes of these sessions. In consideration of the consultant providing the training to the therapist in the EFT model, we agree that the consultant Tina Sirois-LeBlanc shall not be, in any way, held responsible by us or by any other person associated with us for what occurs in any of our therapy sessions or the outcome of those sessions.

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Client signature

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Client signature

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Therapist signature

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Date