

Permission to Video Recording and Case Discussion

I, _____, give my permission for the recording and/or discussion of my EMDR therapy
Client Name
session(s), and for the presentation of my clinical progress, by _____.
Therapist Name

The purpose of the review is for the listed therapist's professional development in EMDR therapy practice. In order to learn EMDR therapy effectively, it is important for your therapist to record sessions in order for an EMDR Approved Consultant/Consultant-in-Training (CIT) to provide consultation in either an individual or group sessions.

Acknowledgement of Limitations & Rights Regarding Authorizing Disclosure

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.
- The presentation of my session(s) will be reviewed by the named therapist with the involvement of an Approved Consultant in EMDR therapy, and potentially other CITs and /or Certification Applicants.
- That if by chance any Approved Consultant in EMDR therapy, and potentially other CITs and /or Certification Applicants knows me socially, he/she will immediately stop the recording and will not observe, seek, or be given any information about my therapy.
- That any recording will be owned & remain in the control of the named therapist and/or Approved Consultant/CIT at all times, and will not be reproduced, unless by separate consent and not part of my medical record.
- Any recordings will be destroyed immediately when the review process is complete.
- This release will be retained in my file, unless I rescind it.
- That I can rescind this consent at any time by submitting a written notification and that any recording of my session(s) will be discarded at my discretion and/or direction, after discussion with the named therapist.
- 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.
- If tapes are sent to an Approved Consultant/CIT out-of-state, I consent for tapes to be sent via
 - encrypted electronic methods
 - FedEx (since the package is tracked constantly while en route) without any identifying information on the dvd, flashdrive or other portable electronic media.
- That everything in this form that was not originally clear to me has been explained and I believe that I now understand all of it
- That there is no obligation to consent, and that my refusal to sign will not affect my abilities to obtain treatment, and I consent freely.

I do not want my face filmed: _____ (initial here)

Client Consent

Print Client Name _____ Date _____

Signature of Client: _____

A copy of this authorization for my records will be provided upon my request.

A photocopy of this completed release is considered to be as valid as the original document.