



PERMISSION TO RECORD & OBSERVE THERAPY SESSIONS

JP Counseling Services utilizes Parent Child Interaction Therapy [PCIT], and many other modalities, all of which subscribe to a process of consultation/supervision where sessions are recorded and observed by consultants/supervisors, then used for learning purposes by the therapist.

In order for sessions to be recorded or observed, you must give your written consent. In signing this form, you understand that:

1. Any consultants who observe or hear these recorded sessions are held to the same confidentiality standards as my therapist.
2. If by chance any consultant or supervisor knows you socially, he/she will immediately stop the recording, will not observe or be given any information about my therapy.
3. One of the purposes of allowing observation and recording of my therapy sessions is to promote the effectiveness of the therapy (EFT, EFFT, PCIT, or PT) that I am receiving from my therapist.
4. My therapist owns the video/audiotapes, which are not a part of my medical record.
5. Recordings are secured and password protected, then destroyed at regular intervals.
6. I may withdraw this consent at any time for any reason without any questions asked.
7. Recordings may also be shared through our HIPAA compliant platform, (Zoom). I understand that the supervisor/consultant destroys the recordings after providing the consultation/supervision.

By signing below, I give my consent to allow therapy sessions to be observed via video or heard via audiotope by my counselor's supervisor.

Client Name: _____ Date: _____

Client or Guardian Signature _____ Date: _____