

CONSENT TO RECORD SESSIONS-Conjoint Treatment

I, _____, and I, _____ consent to allow (Therapist's Name) to videotape our conjoint psychotherapy sessions. (Therapist's name) has explained his/her commitment to improving the practice of couples therapy and how he/she plans to use the videotapes/DVD's.

We understand that the use and viewing of the audio/videotapes in whole or part is strictly limited to the following:

- (1) analysis by (therapist's Name) to optimize the quality of our care
- (2) use by (Therapist's name) for the purpose of professional consultation about our treatment
- (3) use by (Therapist's name) for the purpose of group supervision with other professional therapists

We understand that our names will never be disclosed, and that only therapists who do not know us will be allowed to view the tapes. We further understand that the tapes are not part of our permanent medical record and that (Therapist's name) will destroy each tape/DVD after it has been used for its intended purpose.

We understand that either of us may withdraw our consent at any time.

Signature: _____

Date

Signature: _____

Date