

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 couple therapy. In order to record your session I need your written consent. The recording of sessions will likely enhance the effectiveness of your treatment, but 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 the 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 the same obligation 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
(Indicate preference
by initialing here)

How the recorded material may be used

Session Review Only

The recording may be reviewed privately by Mr. Hickey prior to the subsequent session. It will not be kept beyond the subsequent session and no recording will be kept beyond the conclusion of treatment.

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 is a vital source of professional development and accountability; it provides additional clinical expertise as a resource to your treatment and increases its effectiveness.

Training

A brief recording excerpt may be used by Mr. Hickey in the training of couple therapists to demonstrate concepts and techniques of treatment. No information which could identify you, beyond the content of the tape, will be shared.

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 Jeffery W. Hickey, LCSW to video/audio (circle one) record our couple therapy sessions for the purposes indicated above.

Client _____ Date _____

Client _____ Date _____

Witness _____ Date _____