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**CONSENT TO RECORD SESSIONS**

As part of providing a high standard of care, it is normal practice among Emotionally Focused Therapy practitioners to be involved in supervisory techniques such as video recording, audio recording and in-session live supervision to ensure quality treatment and to monitor and study therapeutic progress.

(Therapist's name) plans to use the recordings in the following manner:

- Analysis by (Therapist's Name) to optimize the quality of your care.
- Consultation with a Certified EFT Supervisor.
- Online group consultation with other professional therapists and Certified EFT Supervisors and Trainers.

The recordings are not part of you permanent medical record and the recordings will be destroyed after they have been used for their intended purpose. They will not be released to you.

You may withdraw your consent at any time.

With your signatures, you give your consent to allow (Therapist's name) to audiotape and videotape your couple therapy sessions.

\_\_\_\_\_  
(print names)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_