

# PERMISSION FOR DIGITALLY RECORDING AND VIDEOTAPING THERAPY SESSIONS

## Therapist's Explanation

As a primary tool in Gottman Method Couples Therapy, and in order to augment your therapy work, I use videotape feedback/recordings as part of therapy sessions. This means that I may ask to videotape/ record you during specific dialogues or exercises or during entire sessions. We may play back these recordings in sessions to help you see patterns of behavior between the two of you and to help you process conflicts.

In addition to in-session use, I may wish to use the recordings to receive consultation from Drs. John or Julie Gottman or an independently practicing clinician who has received training from the Gottman Institute, or to provide such training. This may occur during treatment or thereafter for purposes of peer review, education and quality assurance. During this process your name/names will be kept confidential. In addition all matters discussed in consultations will remain completely confidential within the Gottman Institute staff. The recordings are not part of your clinical record and will be used for no other purpose without your written permission and they will be erased when no longer needed for these purposes.

These recordings are my property and will remain solely in my possession during the course of your therapy. Copies may be sent to the Gottman Institute for the purposes noted above. Should you wish to review the recordings for any reason we will arrange a session to do so. These materials will remain in locked facilities at all times.

## Client's Agreement

I understand and accept the conditions of this statement and give permission to have my therapy sessions recorded. I understand I may revoke this permission in writing at any time but until I do so it shall remain in full force and effect until the purposes stated above are completed.

Client (signature) \_\_\_\_\_ Date

Client \_\_\_\_\_ Date

Therapist \_\_\_\_\_ Date

