

Trisha Rowe, LCSW

Video Consent

Overview

It is up to you to choose whether or not we record our sessions. I prefer to video record sessions because it allows me to offer you the best possible outcome from our work together. Reviewing the recordings helps me to track our progress session to session, as well as to track change over time. On occasion, I also ask trusted colleagues to view portions of video recorded sessions during consultation and/or trainings for my own learning and development and/or to provide additional insight, expertise, and advice. You also have the option to review a recording or portions of it, either with me during a session or on your own. Some clients have found this to be very helpful in their process. I also participate in studies that require the use of videotaped sessions. I will always discuss it with you before I use a videotape in a study.

Confidentiality

Any video recorded session will be maintained according to the highest professional standards for confidentiality and ethical use for psychotherapists. No videos will ever be shown outside of the context of consultation or training. Within that context, all reasonable measures will be taken to ensure that none of your sessions are viewed by anyone who knows or recognizes you. Any use of transcripts will be entirely anonymous, with identifying information removed or changed. You may request that any video recording be immediately deleted and never viewed. You may request that any session not be taped or stop being taped at any time. You may also request a copy of any session at the end of the session.

If you are comfortable with video recording, please sign and date the consent below.

I, _____, authorize my therapist, Patricia Rowe, LCSW, to video record my psychotherapy sessions as an integral part of my treatment. I understand that these recordings will only be viewed:

(Please initial to indicate your approval)

- _____ (1) By my therapist
- _____ (2) By my therapist's colleagues during consultation
- _____ (3) By my therapist's colleagues for training purposes

I understand that my full name will not be revealed, and that the recordings will be used solely for the purposes described above in accordance with the professional standards of confidentiality and ethical use for psychotherapists. I understand that I may revoke this consent at any time. I understand that I will not receive financial compensation for the use of these recordings. I further understand it that, should I wish it, at my written request, these recordings will be destroyed. I release Patricia Rowe, LCSW, from any liability or claim in conjunction with these video recordings. This Video Recording Consent and the Client Information & Consent comprise the totality of our agreement.

Sign: _____ Date: _____