

### Permission to Videotape Sessions

I hereby give Clare Brown LCMHC permission to videotape our psychotherapy sessions as part of an AEDP psychotherapy protocol. Because videotaping offers a detailed and accurate record, this is an opportunity for high-quality supervision and clinical consultation. Consequently, these tapes can be an integral part of treatment and can improve the therapy service offered to me and others.

I understand that Clare Brown is clinically supervised under the auspices of The AEDP Institute and that confidentiality is of paramount importance. I understand that my name is not used nor are any identifying descriptions used. I understand that this supervision process and these recordings are handled in accordance with the ethical standards of professional confidentiality for licensed mental health professionals.

I understand that the recording will be erased immediately after use and that I have the right to receive a copy of any session taped and to retract permission to videotape at any time.

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

Printed Name: \_\_\_\_\_

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