

Courtney Poignand, LMHC, CHC, PRYT
Center for Self Care - Video Consent Form

In order to continue to improve my therapy skills, and in accordance with advanced training I am doing within AEDP - Accelerated Experiential Dynamic Psychotherapy, I typically video record my sessions for the purposes of tracking and improving our work together. On the video, my camera lens captures both you and I. For the past several years I have been doing this, and while time consuming for me, I find that my studying the tapes has greatly enhanced my sessions with the patients. In order to tape, I need your signed consent.

Please check all that apply: I, _____
(client) hereby give permission for my therapist Courtney Poignand, LMHC, CHC, PRYT to videotape therapy sessions

- For the purpose of tracking and improving sessions.
- For the purposes of consultation (including sharing with supervisors).
- For the purpose of teaching and training other therapists (including sharing within an educational format where other therapists also uphold confidentiality).

I understand that videotapes shall be viewed only by my therapist (Courtney Poignand), myself (client), and/or by consulting therapists. I may request a copy of the videotape of any session. I may revoke this consent at any time, or refuse future tapings and/or request that any videotape be destroyed, and know that doing so will have no negative bearing on my treatment.

Confidentiality of any videotape session will be fully maintained according to standard professional guidelines and all reasonable measures will be taken to ensure that none of my sessions will ever be viewed by any therapist who knows or recognizes me in any way whatsoever.

Printed Name: _____

Client

Signature: _____ Date: _____