



Patricia Lavelle
— PSYCHOLOGIST —

Name: _____

Date: _____

INFORMED CONSENT TO RECORD SESSIONS

A regular part of my practice with my couples is to record sessions.

This has two main benefits to you:

1. You receive additional professional input at no charge to yourselves as I often review the entire session between your sessions and sometimes transcribe the recording,
2. In session I may miss subtle cues that are seen in reviewing a recorded session. This gives me more information to enhance and progress your couple counseling process in a more effective and efficient manner.

Please know that if you do not wish to do this you are free to say no. Our work in your counseling will not be negatively affected if you decide not to. Further, your consent can be rescinded at any time, including stopping the recording during the session if you have agreed to record and change your mind.

Once the recordings are reviewed, they are deleted. If a transcript is produced, this will be kept on your file. Since I am working toward certification as an Emotionally Focused Therapist, at a later date I may request your permission to submit your recording for review in the certification process. If this occurs a further consent form will be given to you both for your signatures.

Please give your consent to the recording of our sessions as follows:

I give permission to Patricia Lavelle Psychologist to record our sessions with my initials indicating my preference for use.

1. For Patricia's review and transcription
2. For Patricia's review, transcription and review with a consultant or student (names provided)
3. For submission as part of certification process (recording & transcript) If this occurs we will discuss it prior.

I understand that my confidentiality will be protected at all times as per professional guidelines for psychologists.

CLIENT NAME: _____ SIGNATURE: _____

DATE: _____ WITNESS: _____