

## **PERMISSION TO RECORD THE CONSULTATION SESSION**

The purpose of this document is to provide you with a clear understanding of the consultation process. You will be seen by Lorrie Brubacher M.Ed. (Registered Marriage and Family Therapist) for a one time couple therapy session. In addition to providing a valuable therapeutic opportunity, the consultation is part of a couple therapy training course. Therapists participating in the course will be viewing the session (via live streaming in another room) and will participate in generating feedback for you. The goals of this consultation session are twofold: to facilitate the process of your therapy with your regular therapist and to add significantly to the professional competence of participants in the couple therapy training course.

The session will last approximately 1 hour and 15 minutes, after which time you and your therapist will take a 20 to 30 minute break while the group prepares feedback. You will then return and receive the group's feedback from Lorrie and have opportunity to respond, if you wish.

There is no cost for this consultation.

The consultation therapist and the course participants are bound by professional ethics to keep the personal information you share confidential. As is true with any type of counselling and therapy services, information you share can only be given out with your written permission. Exceptions to this are any risk of imminent danger to yourself or to others, or if your file were to be subpoenaed or ordered into court for legal proceedings.

I understand that during the camcorder's live streaming of this session, it is being simultaneously recorded and that at my request the session can be immediately erased.

I give permission to record our consultation session for the following use. Circle and initial the options agreeable to you. (Initials)

1) For the purpose of live streaming to the group of therapists watching the session. \_\_\_\_\_

2) For the consultant, Lorrie Brubacher and our therapist, \_\_\_\_\_ to review. \_\_\_\_\_

3) For use in future training groups with other therapists. \_\_\_\_\_

4) For research purposes. \_\_\_\_\_

5) I request that the recording be erased and not used for any of the purposes in numbers 2-5 above. \_\_\_\_\_

I understand that my confidentiality will be protected at all times. If a therapist or researcher knows me in any way they will excuse themselves from viewing the session and will keep my confidentiality as per standard professional guidelines.

I have read and understood the above and agree to participate in this consultation session.

Name: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

Name: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

Name: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

Name: \_\_\_\_\_  
(Signature)

Lorrie Brubacher, MEd, RMFT, Certified EFT Supervisor and Trainer

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