

**Patrick L. Healey, Ph.D., MFT  
Marriage and Family Therapist  
California License # MFC 30378**

**PERMISSION TO VIDE/AUDIO TAPE COUNSELLING SESSIONS**

In order to constantly improve my counseling skills I often like to record sessions. If you are comfortable with this I need your written permission. Our work in counseling will not be affected by the recording and you are free to say no. If at any time you change your mind we can stop the recording.

I give permission for Patrick L. Healey to record our counseling sessions for the following use. Circle and initial the option agreeable to you.

(Initials)

- 1) Only for Patrick's review outside of sessions. \_\_\_\_\_
- 2) For Patrick's use in peer supervision meetings \_\_\_\_\_
- 3) For Patrick's use in meeting with supervisor \_\_\_\_\_
- 4) For Patrick's use in supervision groups that includes other therapists. \_\_\_\_\_
- 5) For research purposes \_\_\_\_\_
- 6) For Patrick's use in teaching graduate students or in professional training workshops. \_\_\_\_\_
- 7) All of the above \_\_\_\_\_

I understand that my confidentiality will be protected at all times. If a supervisor, supervisee, or researcher knows me in any way whatsoever they will not view the recording and will keep my confidentiality as per standard professional guidelines.

Client: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print)

Client: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print)

Therapist: \_\_\_\_\_

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