

Permission for Digitally Recording and Videotaping Therapy Sessions

(For Couples Counseling Clients Only)

As part of your couples therapy, I will be using strategies and interventions developed from the 30+ years of research done by Drs. John and Julie Gottman on what makes relationships succeed and fail. As a primary tool in Gottman Method Couples Therapy, and in order to augment your therapy work, I use videotape feedback as part of therapy sessions. This means that I may ask to videotape you during entire sessions or during specific dialogues and exercises. At times, we will play back these tapes in sessions to help you see patterns of behavior between the two of you and to help you process conflicts. Viewing the videotapes in sessions allows us to "stop action" and process how you might approach a conflict in a more productive way. It also allows you to witness your progress as your relationship becomes more satisfying to both of you.

In addition to in-session use, I may wish to use the videotapes to receive consultation from Drs. John or Julie Gottman or a Gottman Relationship Institute Senior Clinician. This may occur during the time of treatment or thereafter for purposes of peer review, education, and quality assurance. During this process, **your name will be kept confidential**. In addition, all matters discussed in consultations will remain completely confidential within The Gottman Relationship Institute clinical staff. **The videotapes will be used for no other purpose without your written permission and they will be erased at my discretion when they are no longer needed for these purposes.**

These tapes are my property and will remain solely in my possession during the course of your therapy. Copies may be sent to The Gottman Relationship Institute for the purposes noted above. Should you wish to review these tapes for any reason, we will arrange a session to do so. These materials will remain in locked facilities at all times.

Clients' Agreement:

I understand and accept the conditions of the above statement and give my permission to have my therapy sessions videotaped. I understand I may revoke this permission in writing at any time, but until I do so, it shall remain in full force and effect. **This form must be signed by both members of the couple.**

Client Signature

Date

Client Signature

Date

Therapist Signature

Date

Therapist Release Attestation

I hereby certify that all clients who appear on video tape or DVD have authorized the release of these taped sessions in writing, pursuant to the laws of the state and country in which I practice, for the purposes of peer review, education, and consultation by therapists associated with The Gottman Relationship Institute. I certify that I have included in the release the particular usages provided by The Gottman Relationship Institute found in the "Permission for Digitally Recording and Videotaping Therapy Sessions" form.

Therapist's Signature

Date

Therapist's Name (Printed)