

## CONSENT TO RECORD SESSIONS

I/we, \_\_\_\_\_  
consent to allow Samantha Fox to videotape my/our psychotherapy sessions. Samantha has explained her commitment to improving the practice of individual/couples therapy and how she plans to use the videotapes/DVD's.

I understand that the use and viewing of the audio/videotapes in whole or part is strictly limited to the following:

(1) analysis by Samantha Fox to optimize the quality of my/ our care (2) use by Samantha Fox for the purpose of professional consultation about my/our treatment (3) use by Samantha Fox for the purpose of group supervision with other professional therapists.

I understand that our full names will never be disclosed, and that only therapists who do not know me/us will be allowed to view the tapes. I further understand that the tapes are not part of my permanent medical record and that Samantha Fox will destroy each tape/DVD after it has been used for its intended purpose.

I/we understand that I/we may withdraw my/our consent at any time.

Signature: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_

Date: