

Consent for taping therapy sessions

Information sheet for people being treated by a mental health professional

1. You are being asked to read this information sheet in order to ask you to give your consent to material from your treatment being used by the therapist for the purposes of the therapist improving their practice.
2. As part of their training and accreditation and continuing professional development, mental health professionals are occasionally asked and required to video or audiotape sessions with their clients. These tapes will be listened to by their supervisor to give the therapist feedback on the therapy they are providing to help them improve their practice.
3. The tapes will be stored in a locked filing cabinet and will be destroyed after they have been used in supervision. No identifying information (e.g., name) will be stored with the tapes.
4. It is completely up to you to decide whether to give consent or not. Even after you have given consent to your sessions to be taped, you are free to withdraw this at any time, and for any particular session if you would rather this session was not taped. If you decide to not give consent or withdraw, this will not prejudice you in any way nor shall it prejudice your right to receive appropriate and timely medical care whenever you may require it in the future.

Consent form for taping therapy sessions

1. I have read and understood the information sheet about consent to tape therapy session:

Yes

No

2. I give my consent for my therapy sessions to be recorded:

Yes

No

3. I understand that my therapist will check each time they would like to tape one of my sessions and seek verbal consent from me:

Yes

No

NAME OF CLIENT: _____

SIGNATURE & DATE: _____

NAME OF THERAPIST: _____

SIGNATURE & DATE: _____

3 copies – 1 for the client's notes, 1 for the client, 1 for the therapist