**INFORMED CONSENT**

**VIDEO TAPED SESSIONS**

Video taped sessions can serve three purposes:

1. Review of the session by the therapist for increased clarity and therapeutic planning purposes;
2. Peer review of sessions to illicit feedback on professional performance and enable professional development;
3. Teaching aids – to enable less experienced psychologists to learn through observation and analysis of another professional’s work.

I understand that all material obtained will be treated with strict confidentiality and I am aware that all reasonable precautions have been taken to ensure personal identification is avoided. I am also aware that cases of current child sexual and physical assault are notifiable and may be reported.

I understand that each recorded session may be viewed or listened to by qualified psychologists and/or qualified academic staff for the purposes of professional feedback and teaching.

I acknowledge that I have read this form and, by my signature, volunteer my consent to the recording being used for the purposes of learning and training.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to allow INSERT THERAPIST’S NAME HERE to video tape my counselling sessions with her for the following purposes

1. Review by INSERT THERAPIST’S NAME HERE only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature and date)

2. Peer Review by other fully

qualified psychologists and academic staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature and date)

3. Review by conditionally registered

 psychologists for teaching purposes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature and date)