Catharina A Maalanaa		Day ala al a atat
Catherine A MacLenna	n. Licensea	PSVChologist

Dear Clients,

As part of the work I do, I request that I be given permission to video tape sessions.

I utilize this taping strictly so that I and my EFT supervisor and my EFT consult group can ensure that I am providing you with the best possible treatment. These tapes are held under the same guidelines for confidentiality as the sessions themselves. Videotapes will be kept for review and then destroyed. They will not be kept as part of your client file.

Please know that you are not obligated to agree to be videotaped.

Please select one or the other:

I give consent for Dr Catherine MacLennan to videotape my therapy sessions. These tapes will be used for therapeutic training and supervision purposes only. They may not be used for any other reason or purpose without further written consent.

Name:	print	signature	 Date
Name:	print	signature	 Date
I prefer to	o not have my thera	OR py sessions videotaped	
		Name	Date