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Consent for Video Recording of Sessions and Release of Information for Consultation

In order to provide the best possible therapy treatment, it is common for therapists to periodically record video of therapy sessions; I make particular use of this technique when I work with couples in the Emotionally Focused Therapy (EFT) model. The purpose of recording therapy sessions is to enhance the effectiveness of therapy by providing me with another way to review our therapy sessions. I also consult with regularly with other professionals concerning my clients; this consultation sometimes includes reviewing recorded portions of therapy. This practice of consultation often enhances the effectiveness of therapy, as “two sets of eyes are often better than one.” All professionals with whom I consult are bound by the same laws respecting your confidentiality.

By signing below, I give my consent to allow my therapy sessions with Mary Costello Stevens, LPC to be videotaped and be observed by an EFT consultant, therapist, a team of therapists, or therapists-in-training. I understand that any supervisor, therapist, or therapist-in-training who observes my therapy session is under the same confidentiality requirements as my therapist. Furthermore, I understand that if by chance any supervisor, therapist, or therapist-in-training knows me socially, he/she will immediately leave the session and will not observe, seek, or be given any information about my case. I also understand that the purpose of allowing observation of my therapy sessions is to enhance the effectiveness of the therapy treatment I am receiving with Mary Costello Stevens, LPC. I understand that I may withdraw this consent at any time and that I will be notified if any live observation or taping is going to occur before my arrival.

Furthermore, I understand that while being treated, my primary therapist will remain Mary Costello Stevens, LPC and that in case of emergency or problems during the week; I will contact Mary Costello Stevens, LPC or the emergency/crisis phone numbers in the Informed Consent. This release is valid for one year from the date of signature(s).

Client (Print): _____

Client Signature: _____ Date: _____

Client (Print): _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____