Debbie Reed, L.M.F.T.
Licensed Marriage and Family Therapist

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Permission for Digitally Recording and Videotaping Therapy Sessions

As a primary tool in Gottman Method Couples Therapy, and in order to augment your therapy work, I sometimes use videotape feedback as part of therapy sessions. This means that I may ask to videotape you during specific dialogues or exercises, or during entire sessions. We may play back these tapes in sessions to help you see patterns of behavior between the two of you and to help you process conflicts. By viewing the videotapes in sessions, it allows us to "stop action" and process how you might approach a conflict in a more productive way. It also allows you to witness your progress as your relationship becomes more satisfying to both of you.

In addition to in-session use, I may wish to use the videotapes to receive consultation from Drs. John or Julie Gottman or an independently practicing clinician (called a "Consultant") who has received training from The Gottman Institute. As a clinician trying to earn the distinction of "Gottman Certified Therapist," the use of videotape allows for more effective peer feedback and education, as well as assurance of a higher quality of care in the therapy sessions. This consultation may occur during the time of treatment or thereafter (the certification process lasts 2 years). During this process, your name will be kept strictly confidential. In addition, all matters discussed in consultations will remain completely confidential between myself and my Gottman Institute Consultant, and within The Gottman Institute staff. The videotapes are not part of your clinical record and will not be used for any other purpose without your written permission. Further, they will be erased when they are no longer needed for these purposes.

These tapes are my property and will remain solely in my possession during the course of your therapy. Copies may be sent to The Gottman Institute for the purposes noted above. Should you wish to review these tapes for any reason, we will arrange a session to do so. These materials will remain in locked facilities at all times.

Clients' Agreement

I understand and accept the conditions of this statement and give my permission to have my therapy sessions videotaped or digitally recorded. I understand I may revoke this permission in writing at any time but until I do so it shall remain in full force and effect until the purposes stated above are completed.

Client Name: _____ Date: _____ Signature: _____
(printed)

Client Name: _____ Date: _____ Signature: _____
(printed)

Therapist: Debbie Reed, LMFT Date: _____ Signature: _____