



Family Therapy Institute of Santa Barbara

CONSENT FOR INTERNS TO OBSERVE ZOOM SESSIONS OR RECORDINGS

I acknowledge that my typed initials/name below is legally binding and represents my full agreement to the terms within each statement I provide my initials/name. _____ (initial)

The following authorizations provide therapists in advanced training with an opportunity to learn, through observation, some of the techniques and procedures used at the Family Therapy Institute. Likely benefits to you as a client include that additional attention will be devoted to your case, that an extra set of eyes and ears can enhance your therapy, and that in the case of a video recording, you might choose to receive feedback by watching segments of your sessions.

Although your likeness will be visible, your full name will not be used. All observers will have a professional obligation to treat the material confidentially. You have the right to revoke this authorization at any time by submitting such a request in writing. Your refusal to consent to recording sessions will not interfere with your treatment in any way.

I hereby consent to having an FTI intern observe my Zoom sessions with my therapist.

Client Signature: _____ **Date** _____

I hereby consent to having my Zoom sessions with my therapist recorded and used in the process of training of FTI interns only.

Client Signature: _____ **Date** _____

This consent will remain valid for one year (unless withdrawn at my request at any time.)

After one year from the date of the recording, I request that:

_____ The recording be destroyed.

_____ The recording be maintained in the Institute's confidential library for continued use in professional training.