

Agreement for Video Taping of
Therapy Sessions for Training/Supervision Purposes

We _____ (“Client/Couple”) hereby give
permission to _____, our therapist, to video/audio tape
our therapy session(s) and share some or all of its content with his/her supervisor at the
Ottawa Couple and Family Institute Inc. (“OCFI Inc.”). The Supervisor,
_____ is a licensed Clinical Psychologist
licensed in the Province of Ontario. The reason for the taping is:

- So that the therapist can receive further training from the Supervisor in the EFT model of intervention.
- So that the Supervisor is able to get a clearer picture of the couple in order to better understand and provide more concise directives in the training process.

We understand that the contents of the session(s) and the Supervisor’s feedback to the therapist will be kept private and confidential. The tape will be returned to the therapist once the training is complete.

Date: _____

Clients: _____

Therapist: _____

OCFI Supervisor: _____