



## CONSENT TO RECORD SESSIONS

I, \_\_\_\_\_, and I, \_\_\_\_\_ consent to allow Beatriz Lloret, LPC to audio/video record our conjoint psychotherapy sessions. Beatriz has explained her commitment to improving the practice of couples therapy and how she plans to use the audio/video recordings.

We understand that the use and viewing of the audio/video recordings in whole or part is strictly limited to the following:

- (1) analysis by Beatriz Lloret to optimize the quality of our care*
- (2) use by Beatriz Lloret for the purpose of professional consultation about our treatment*
- (3) use by Beatriz Lloret for the purpose of group supervision with other professional therapists*

We understand that our names will never be disclosed, and that only therapists who do not know us will be allowed to view the video recordings. We further understand that the video files are not part of our permanent medical record and that Beatriz Lloret will destroy each video file after it has been used for its intended purpose. We understand that either of us may withdraw our consent at any time.

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Client Signature

Date

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Client Signature

Date