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CONSENT FOR VIDEOTAPING OF PATIENT SESSIONS

Purpose

Jeff Strnad, LMFT (herein “Therapist”) and Patient intend to participate in Intensive Short-Term Dynamic Psychotherapy and/or Accelerated Experiential Dynamic Psychotherapy. These modalities involve videotaping patient sessions. Videotaping permits Therapist: (i) to review what happened in the sessions; and (ii) to share the video recordings with other appropriate professionals for purposes of consultation. The goal in both instances is to enable Therapist to better understand the process manifest in the sessions and thereby to be more effective.

Conditions and Limitations

The video recordings will be shared only with mental health professionals, interns, and trainees who are bound by law, professional obligation, or agreement to maintain patient confidentiality. No party other than Therapist is being granted permission to copy or retain possession of the video recordings. The video recordings are the property of Therapist and may be erased or destroyed by him at any time. Therapist also shall erase or destroy any or all of the video recordings any time that Patient wishes. Patient shall be given a signed copy of this consent form.

Acknowledgment and Consent

Patient consents to the videotaping of patient sessions subject to the terms, conditions and limitations set forth above. Patient understands that his or her consent is completely voluntary and may be withdrawn at any time.

Patient Name (please print)

Signature of Patient (or authorized representative)

Date

Signature of Therapist

Date