

Consent to Record Sessions



I, _____, and I, _____ consent to allow TJ Walsh, MA LPC NCC CCTP, to audio/video record our conjoint psychotherapy sessions. TJ has explained his commitment to improving the practice of couples therapy and how he 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 TJ Walsh to optimize the quality of our care
- (2) use by TJ Wash for the purpose of professional consultation about our treatment
- (3) use by TJ Walsh 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 TJ Walsh 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.

SIGNATURE OF CLIENT

DATE

SIGNATURE OF CLIENT

DATE

Timothy J. Walsh, Jr., M.A., LPC, NCC, CCTP

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