



PERMISSION TO SHOW VIDEO TESTIMONY FOR TRAINING

I consent to allow the video recording of my EMDR Therapy sessions be shown at EMDR certification or consultation sessions with my counselor's consultant for learning purposes.

Any professional viewing of the recording will be by a licensed therapist or social worker bound by the same confidentiality and ethics laws as _____, LMHC.

The identity of the client is never revealed unless by said client on his/her own accord.

All confidential material (written or in digital format) will be protected and will be handled as set forth in the regulations and restrictions of Federal HIPAA regulations.

Client Signature	Therapist Signature
Client Printed Name	Therapist Printed Name
Date	Date