

Lisa Popelka, MS, LPC
503.853.0170
811 NW 20th Avenue, Suite 303, Portland, Oregon 97209
Licensed Professional Counselor - Oregon License No. C3014

Consent Form for Video Recording of Psychotherapy

A message to all clients considering videotape authorization:

It is routine practice for me to videotape all of my sessions if you grant your written consent. I have found that taping sessions helps me to deepen your treatment. I also regularly consult with Kelly Prothero, LCSW, which significantly enriches and supports my work with you. We can discuss this in our phone consult, or at our initial session, and I am happy to answer any questions. It is entirely your decision whether to consent to recordings. I am completely open to working with you either way.

Sincerely,
Lisa Popelka, LPC

Please continue on below to view the consent form:

Consent Form for Video Recording of Psychotherapy

Overview. It is your option to choose whether or not we record our sessions. I prefer to video-record sessions because reviewing the recordings helps me to deepen your treatment as well as to track change over time. On occasion, I also ask trusted colleagues to view portions of video-recorded sessions during consultation and/or supervision for my own learning and development and/or to provide additional insight and education to other therapists. You also have the option to review a recording or portions of it, either with me during a session or on your own. Some clients have found this to be helpful in their process.

I, _____, consent to the videotaping of my psychotherapy sessions with Lisa Popelka, LPC. I understand that these recordings will be used to further the quality of my therapy and may also be shown to colleagues in supervision and consultation related to the practice of psychotherapy.

I authorize Lisa Popelka, LPC to make video-recordings of my psychotherapy and to use the recordings for the purpose(s) I have agreed to below.

Please initial the option(s) agreeable to you:

Initials

- | | |
|--|-------|
| a. To be viewed by my therapist to improve my treatment | _____ |
| b. To be viewed in consultation with an expert clinician | _____ |
| c. To be viewed in a supervision group with other colleagues | _____ |
| d. For training of/with professional colleagues | _____ |

Lisa Popelka, MS, LPC
503.853.0170
811 NW 20th Avenue, Suite 303, Portland, Oregon 97209
Licensed Professional Counselor - Oregon License No. C3014

I understand that the use of these video recordings will be strictly for clinical and educational purposes; steps are taken to ensure patient confidentiality. Local laws and professional codes of ethics regarding patients' privacy bind all professionals and students who view these tapes, and this agreement is governed by Oregon law. Because videotaping offers a detailed and accurate record, recording sessions allows the opportunity for high-quality self-supervision and consultation and supervision with others. Consequently, these tapes can be an integral part of treatment and improve the services offered.

I understand that my status as a patient of Lisa Popelka will not be affected in any way whatsoever by my consent or lack of consent, nor am I under any duress, to give my consent.

I understand that Lisa Popelka will take reasonable and customary steps to change or remove data, which in her opinion may be likely to identify me and that in no event will my surname or address be disclosed. I further understand and agree that the potential for identification exists as my image and first name will be shown in the video(s).

I release Lisa Popelka from any liability or claim in connection with these videotaped recordings for the above stated purposes. I understand that I will receive no financial compensation for the use of these videotaped session recordings. I further understand that upon my mailed written request, the recordings in question will be destroyed and no further use by Lisa Popelka will occur.

This agreement and the Client Information and Consent comprise the totality of our agreement.

Client Signature

Date

Lisa Popelka, LPC

Date