



# Blue Ridge Behavioral Health Services

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## Video Release Form

I am engaged in supervision designed to enhance my skills in Emotionally Focused Therapy (EFT). As part of the supervision, I record therapy sessions. The supervision may occur in a small group of licensed mental health professionals. These recordings are for supervision purposes only. In order for a supervisor or any other licensed mental professional to observe or hear a recorded session, you must give your written consent.

I understand:

1. That any Supervisor or licensed mental health professional who observes or hears my therapy sessions has the same confidentiality standards as my Therapist.
2. That if by chance any supervisor or licensed mental health professional knows me socially, he/she will immediately stop the recording and will not observe, seek, or be given any information about my therapy.
3. That one of the purposes of allowing observation or listening of my therapy sessions is to enhance the effectiveness of the EFT therapy I am receiving from my Therapist.
4. That my Therapist owns the video/audiotapes and video/audiotapes are not part of my medical record.
5. Tapes are destroyed at regular intervals.
6. That I may withdraw this consent at any time for any reason without any questions asked.
7. If tapes are sent to a supervisor out-of-state, I consent for tapes to be sent via (circle one) encrypted electronic methods or FedEx (since the package is tracked constantly while en route) without any identifying information on the DVD. I understand that the supervisor destroys the tapes after providing the necessary supervision.

Consent:

By signing below, I give my consent to allow my therapy sessions to be observed via video or heard via audiotape by supervisor(s) or a licensed mental health professional. This consent is valid for one year from the date below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_