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*Catalyst Counseling LLC*

## **Consent to Record Session**

This is a recording agreement between \_\_\_\_\_(client) and \_\_\_\_\_(practitioner) in order to allow recording of therapy sessions via audio or video device.

The intent and purpose of the recording is for client's review of session. The Client will not hold the Practitioner responsible for the control of the recording, misinterpretations of recorded material, or any misuse of recording by the Client or other persons.

By signing below the Client realizes that sharing, posting, or other exposure of this recording is unauthorized and could result in the termination of therapy services and/or legal consequences. The recording does not substitute for healthcare records and cannot be used as such in any situation, legal or civil.

Both parties agree to this statement as of this date: \_\_\_\_\_.

This agreement continues in perpetuity in regards to the control and misuse of the recorded material. The agreement to record ends one year after therapy services have been terminated. If there has been a one year lapse in therapy and therapy is re-engaged, a new agreement needs to be signed.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date