

Lakeland, FL 33801 863-284-0817 fax: 863-284-0608 Catalyst Counseling LLC

## **Consent to Record Session**

This is a recording agreement between		(client) and
(pi via audio or video device.	ractitioner) in order to allow	recording of therapy sessions
The intent and purpose o will not hold the Practitioner resmisinterpretations of recorded represons.		ne recording,
By signing below the Clie recording is unauthorized and colegal consequences. The recording used as such in any situation, leg	ng does not substitute for hea	of therapy services and/or
Both parties agree to this	s statement as of this date:	
This agreement continues in per recorded material. The agreeme terminated. If there has been a o agreement needs to be signed.	nt to record ends one year af	ter therapy services have been
Cl'		
Client	Practitioner	
Date	Date	