

*Marlene Travis, PLLC*  
*Marlene Travis, MS, MEd, LMHC, NCC*  
*PO Box 403 ~ Ellensburg, WA 98926*  
*(509) 852-7070*

Hello,

I am in the process of becoming certified in emotionally focused therapy (EFT). This science-based therapy takes the mystery out of emotions and relational distress. It helps explain why so many of us try so hard to feel a secure connection with someone, but we often get stuck or off track. Part of the requirement to become certified in EFT is to watch myself working with clients in order to better my skills and effectiveness.

Here is where you are so vital. It is my hope that a handful of my clients will feel comfortable to give their permission for me to video record session(s). This comes with some great benefits, but also may bring up concerns, like who will see the recording(s); will your name and information get out; what kind of control will you have over the recording(s).

#### Addressing concerns

- The recordings are only for training/education purposes with my EFT supervisor and other therapists with whom I may consult. We are all bound by the same confidentiality rules.
- If any of these colleagues by chance know you socially or personally, they will immediately excuse themselves and not observe, seek or be given any information about you.
- I usually provide a summary of your story with minimal identifying information revealed.
- You may request the recordings be discontinued or started up again at any time.
- Recordings will be deleted after they have been used for their intended purpose or at any other time, including upon your request.
- You are free to experience a session or two and then decide about this recording option.

#### Benefits

- Recording our sessions together means you will get a lot more of my focus and attention.
- Not only will I receive and discuss feedback from my supervisor and colleagues, but by watching sessions repeatedly, I may pick up cues that were missed in session.
- Your advantage is that I may bring to our next session more clarity and useful feedback to employ during future sessions together. It is kind of like having two or more counselors but only paying for one!

I only ask that you *consider* giving me permission. Please read the attached document. You are free to decline, and it will have no impact on your counseling treatment. If you feel comfortable, please sign it. We can also discuss it more if you prefer.

Thank you for your consideration.

Marlene

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**INFORMED CONSENT TO RECORD AND RELEASE INFORMATION**  
**(STRICTLY FOR TRAINING & SUPERVISION)**

NOTE: This form is a request to record your counseling sessions for specific purposes, which are to improve the therapist's training and supervision as well as receive useful feedback to employ during subsequent sessions together. Before signing, please share any questions or concerns.

By signing below, I give my consent to allow electronic (audio and/or video) recording of my counseling sessions with Marlene Travis, MS, MEd, LMHCA. I further consent that she may share this recording for her training and education purposes with her supervisor and other therapists with whom she may consult. A summary of the presenting problem may also be included in this presentation with minimal identifying information revealed. I understand that any other therapist who watches this recording for training purposes is under the same confidentiality requirements as my therapist and further understand that if by chance any therapist knows me socially or personally, s/he will immediately leave the session and will not observe, seek or be given any information about me or my situation.

I understand I may request the electronic recording to be discontinued at any time—either temporarily or permanently. Furthermore, I may withdraw this consent in writing at any time.

I understand Marlene Travis may retain, but is in no way required to retain, any electronic recordings produced in this process. I authorize Marlene Travis at her sole option/discretion, to erase or otherwise destroy any and all recordings after they have been used for the intended purpose, or at any other time, whether they have been used or not. I understand that these recordings are not part of my treatment record.

I understand my decision about whether or not to permit electronic recording will have no impact on the treatment I receive.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client signature** \_\_\_\_\_

\_\_\_\_\_ (Optional) **My initials indicate** I am comfortable with Marlene Travis transmitting my video-clips to her long-distance supervisor via unencrypted/unsecure electronic channels (e.g. Zoom, etc.).

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client signature** \_\_\_\_\_

\_\_\_\_\_ (Optional) **My initials indicate** I am comfortable with Marlene Travis transmitting my video-clips to her long-distance supervisor via unencrypted/unsecure electronic channels (e.g. Zoom, etc.).

**Counselor** \_\_\_\_\_ **Date** \_\_\_\_\_

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