Agreement for the Use of Therapy Session Recording for Training and/or Consultation

(Therapist name & credentials here)

We _____ ("client couple") give our consent for *(Therapist name here)* our therapist to share a recording of our therapy session(s) with Jeff Hickey, LCSW ("Consultant"). This allows our therapist to receive further training from the consultant in the Emotionally Focused Therapy (EFT) model of intervention.

We understand that the contents of the session(s) and the consultant's feedback to our therapist will be kept private and confidential by the consultant.

We also agree that the consultant is responsible only for providing training/consultation to the therapist on the use of the EFT model of intervention. While this will likely enhance the effectiveness of our treatment, this training/consultation is a service to the therapist. The therapist is then solely responsible for the conduct of our therapy sessions and any outcomes of these sessions.
In consideration of the consultant providing the training to our therapist in the EFT model of Intervention, we, the client/couple, agree that the consultant, Jeff Hickey, LCSW, shall not, in any way, be held responsible by us or by any other person for what occurs in any of our therapy sessions or the outcome of those sessions.

_____	_____	_____
Name (Client)	Signature	Date
_____	_____	_____
Name (Client)	Signature	Date

_____	_____
Witness (Therapist)	Date