



Emotionally
Connected

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Video Recording of Treatment Sessions

I, _____, hereby grant permission to Dr. Brown to videotape my psychotherapy sessions. I understand that Dr. Brown is committed to studying the process of treatment to make psychotherapy more effective and efficient.

By ticking the relevant item/s below, I consent to video recordings being taken of the therapeutic work for the purpose of:

- Systematic analysis by my psychologist in supervision for quality of care purposes
- Training of other professionals by my psychologist
- Permission to contact you regarding the transcription of session vignettes for publication in research and technical journals (any such transcriptions are revised/redacted so as to protect patient confidentiality and anonymity)

I understand that my name will never be disclosed and that the recordings will be used solely for the purposes described above.