

Release for Client Permission to Videotape an EMDR Session

I, _____, give my permission for the videotaping of my EMDR session(s) with _____. I understand that the videotape recordings of my session(s) will be reviewed by my therapist and an Approved Consultant in EMDR. The purpose of this review is for my therapist's professional development. I also understand that I can rescind this permission whenever I wish and that the videotapes of my session(s) will be discarded whenever I choose or when the purpose for them no longer exists.

Client signature

Date