



JP Family Therapy – Consent to Audio/Video Recording

Jocelyn Pijpaert, Ph.D., LMFT #87678

580 Broadway St. Suite 204, Laguna Beach, CA 92651

120 Vantis Dr. Suite 300, Aliso Viejo, CA 92656

This form authorizes audio and/or video recording of sessions solely for professional training and consultation purposes.

1. Purpose of Recording

Recordings are used to support clinical supervision, consultation, and professional development. Recordings are never posted publicly or shared on social media.

2. Scope and Type of Recording

Please indicate what you consent to (check all that apply):

Audio recording

Video recording

Setting: In-person

Telehealth

This consent applies to (dates or 'entire course of treatment'):

3. Confidentiality & Privacy Protections

To protect your privacy, identifying information will be removed or altered whenever feasible. Names will be changed, and details that could reasonably reveal your identity will be omitted in any training use.

Recordings are stored on encrypted, access-controlled systems. Access is limited to Dr. Pijpaert and approved supervisors/consultants. Recordings are not part of your medical record and are not released to third parties.

Retention period (months):

Please initial to acknowledge these protections:

Client 1

Client 2

4. Optional Training Use (TCTI and Other Programs)

JP Family Therapy occasionally provides training and development for the Transformative Couples Therapy Institute and other professional training programs. If a recording is proposed for such training, you will be notified in advance and given the opportunity to decline.

Consent to optional training use:

Yes

No

Client 1

Client 2

5. Voluntary, Revocable Consent

Your participation is voluntary. Your decision will not affect your access to therapy. You may revoke consent at any time for future recordings by notifying Dr. Pijpaert in writing. Revocation will not apply to uses that have already occurred.

6. Risks & Limitations

While safeguards are in place, there is a small risk of unauthorized access or re-identification. These risks are minimized through encryption, limited access, and de-identification practices.



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Signatures

Client 1 Name (Print):

Date:

Signature (type name if signing on paper):

Client 2 Name (Print):

Date:

Signature (type name if signing on paper):

Therapist (Jocelyn Pijpaert, Ph.D., LMFT #87678) Signature:

Date: