(916)736-6300

Jozeffa Greer, LMFT

Licensed Marriage Family Therapist License Number MFC25522 www.jozeffa.com

1116 22nd Street, Sacramento CA 95816 1133 High Street, Suite D, Auburn, CA 95603

CONSENT TO RECORD SESSIONS (Optional)

| I, | , and I, chotherapy sessions. Jozef she plans to use the audio/v | consent to allow Jozeffa Greer, effa has explained her commitment to improving the video recordings. |
|--|--|--|
| We understand that the use and viewifollowing: | ng of the audio/video reco | ordings in whole or part is strictly limited to the |
| (1) analysis by Jozeffa to opt | imize the quality of our car | are |
| (2) use by Jozeffa for the pur | pose of professional consu | sultation about out treatment |
| (3) use by Jozeffa for the purpose of group supervision with other professional therapists | | |
| We understand that our names will never be disclosed, and that only therapists who do not know us will be allowed to view the recordings. We further understand that the recordings are not part of our permanent medical record and that Jozeffa will destroy each recording after it has been used for its intended purpose. We understand that we may withdraw our consent at any time. | | |
| Client Signatur | re | Date |
| Client Signatur | re | Date |