

Jozeffa Ann Greer, LMFT

Marriage Family Therapist
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**CONSENT TO RECORD SESSIONS
(Optional)**

I, _____, and I, _____ consent to allow Jozeffa Greer, LMFT, to audio/video record our psychotherapy sessions. Jozeffa has explained her commitment to improving the practice of couples therapy and how she plans to use the audio/video recordings.

We understand that the use and viewing of the audio/video recordings in whole or part is strictly limited to the following:

- (1) analysis by Jozeffa to optimize the quality of our care
- (2) use by Jozeffa for the purpose of professional consultation about our treatment
- (3) use by Jozeffa for the purpose of group supervision with other professional therapists

We understand that only our first names will 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 Signature

Date

Client Signature

Date