Permission to Record Client Sessions for Documentation Purposes

Client's Name: _____ Date: _____

Client's Date of Birth: _____ Date of Initial Session: _____

Therapist/Practice Name: _____

I, _____, hereby grant permission to_____

_____, to record our therapy / counseling sessions for the purpose of generating progress notes. The progress notes will be used for the following purposes:

- **Treatment Planning** – To assist in creating and adjusting treatment plans tailored to my specific needs and goals.
- **Enhancing Therapy** – To help my therapist/counselor provide more effective and personalized therapeutic interventions.
- **Documentation** – To maintain accurate and comprehensive records of our sessions in compliance with legal and ethical standards.

Recording and Confidentiality

The recordings will be made using secure and confidential technology that ensures the privacy and security of the recordings.

The recorded sessions and generated progress notes will be kept strictly confidential and will only be accessible to _____ and authorized members of their team for the purpose of treatment.

Recordings are not stored on the internet.

Duration of Consent

This consent document is valid for the duration of my therapy sessions with _____ unless I revoke it in writing.

Revocation of Consent

I understand that I have the right to revoke this consent at any time by providing written notice to my therapist/counselor. If I choose to revoke this consent, it will not affect the quality of care I receive.

Acknowledgment and Agreement

I have read and understood the purpose and implications of recording my psychotherapy sessions for the creation of progress notes. I understand this is a voluntary consent, and I am under no obligation to grant it. I had the opportunity to ask questions and received satisfactory answers.

This consent form was explained to me, and I willingly consent to the recording of psychotherapy sessions.

Client's Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____

Please retain a copy of this signed consent form for your records. Your therapist/counselor will also provide you with a copy for your reference.