**University of East London**

**Professional Doctorate in Clinical Psychology**

**Client Consent Form – Recording of Clinical Sessions**

Your psychologist is a *trainee clinical psychologist*, employed by the NHS while studying for a Doctorate in Clinical Psychology at the University of East London (UEL). Your psychologist’s NHS work is being supervised by an experienced qualified Clinical Psychologist. One way of improving the quality of this supervision is to record (audio-tape or video-tape) one or more of your sessions. Listening to or watching a tape gives a supervisor a much better idea of what is happening in your sessions, and in this way helps your psychologist to help you. If you consent to this, your psychologist will inform you if they decide that it would be helpful to go ahead and record your session(s).

Unless your psychologist explicitly indicates otherwise:

* Tapes of your session would only be listened to or watched by your psychologist’s supervisor.
* Tapes would only be used for the educational purpose of supervision.
* Recordings would be deleted once their educational purpose had been completed.

Some clients find it can be very helpful to listen to or watch a recording of their sessions. You may also wish to have a copy of the recording for yourself, which can be arranged by your psychologist at your request. Occasionally, trainees may wish to use recordings to help them write practical reports of clinical activity. If this is the case, they will discuss this with you.

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|  | Please tick |
| I understand that I am not obliged to give consent, and that if I do not want to, this will not affect my treatment |  |
| I agree to the possible recording of my sessions |  |
| I understand that the recording would only be used for the purposes of supervision and education |  |
| I understand that the recording will be deleted once its educational purpose had been completed |  |
| I understand that I may ask for a copy of any recording made |  |

Name and signature of trainee clinical psychologist

Name and signature of client

Date