

CLIENT CONSENT TO USE HIS/HERS DATA FOR PERSONAL LEARNING AND RESEARCH

_____ client _____ agree that _____ therapist _____ can use written material, audio records or video clips from our therapy sessions for their personal learning or research purposes.

Transcripts, records or video tapes may be presented as an example of psychotherapeutic, counseling, educational or organisational practice in the form of a written thesis, presentation at an oral exam or as part of an article or research project.

_____ Therapist _____ assure that I will use all possible means that the identity of the _____ client _____ will not be recognized.

All information relating to my work with you will be kept in a secure place. Due to circumstances such as my illness or my death, my colleague _____name and surname_____ will take responsibility to maintain the privacy for this information. Notes and recordings, tapes will be destroyed at the end of their use.

_____Client _____ - always has the right to withdraw the consent outlined in this document whenever they wish for whatever reason.

Place and date,

Client

Therapist