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**PERMISSION FOR VIDEO RECORDING OF PSYCHOTHERAPY SESSIONS**

I \_\_\_\_\_ (Patient or client) hereby authorize: Judy Silvan, Certified AEDP Supervisor and Therapist, permission to video record portions of my participation in AEDP with her. It is neither permitted nor necessary for any other identifying information about me to be disclosed, nor will my therapist reveal my name. I understand that the tapes are for the private use of my therapist as described below, and will be erased and discarded in completion after use for these purposes only. They will not be saved indefinitely.

All therapists who utilize the Evidence-Based AEDP Mental Health model witness videotapes of the model in action. All therapists training in or practicing the AEDP model towards professional certification are required to video-record clinical work as a central protocol for learning/teaching/and understanding the patient/client's clinical needs, to catapult patient change potential. The recordings are ONLY utilized for the purpose(s) below:

- a) To be viewed by my therapist, Judy Silvan, LICSW, to gain insight and to improve my treatment
- b) For Judy Silvan's consultation/supervision as Certified AEDP Supervisor & as teacher, to be shared ONLY with vetted professional trainees and colleagues.
- c) To teach vetted licensed therapist AEDP trainees in professional settings to gain skills in the AEDP modality with emotional trauma

I understand that my confidentiality will be of paramount importance. If either a supervisor or colleague knows me, they will be asked to remove themselves from viewing or discussing the videotaped portion and a private clinical sample will be offered for them. My confidentiality and privacy will be kept by them as per standard, professional guidelines.

My gratitude is expressed for your willingness to share our work together, allowing me to provide you with my best possible quality of treatment, and to provide trainees of the AEDP model the opportunity to serve patients with best clinical practices, much the same as practiced in medical teaching institutions.

Patient/Client: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist/Coach: \_\_\_\_\_ Date: \_\_\_\_\_