



AMBER MARTIN
 LICENSED MARRIAGE & FAMILY THERAPIST

INDIVIDUAL, COUPLES AND WOMEN'S EMOTIONAL WELLNESS
 AMBER MARTIN, M.A., LMFT- OWNER
 LICENSE # 104655

2121 41ST AVENUE, SUITE 205
 CAPITOLA, CA 95010
 (626) 234-5113
 AMBER@AMBERMARTINMFT.COM
 WWW.AMBERMARTINMFT.COM

CONSENT TO RECORD SESSIONS-Conjoint Treatment

I, _____, and I, _____ consent to allow Amber Martin, MA, LMFT, to audio/videotape our conjoint psychotherapy sessions. Amber Martin explained her commitment to improving the practice of couple's therapy and how she plans to use the audio/videotapes.

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

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

We understand that our full names will never be disclosed, and that only therapists who do not know us will be allowed to view the audio/videotapes. We further understand that the audio/videotapes are not part of our permanent medical record and that Amber Martin will destroy each audio/video recording after it has been used for its intended purpose. We understand that either of us may withdraw our consent at any time.

Client's Name (please print):	
Client's Signature:	Date:

Client's Name (please print):	
Client's Signature:	Date: