

**Consent Form for your Client(s) to Participate in a Live Session
for an Externship or Core Skills**

The purpose of this document is to provide you with a clear understanding of the Consultation Process. You will be seen by a Certified EFT Trainer or Supervisor for a one-time couple therapy session. Your regular therapist will sit in on the session with you and the Trainer or Supervisor. In addition to providing a valuable therapeutic opportunity, the consultation is part of the 4 Day Externship which introduces therapists to Emotionally Focused Therapy EFT. Therapists participating in the Externship will be viewing the session (via live feed in another room or possibly sitting in the same room but at a distance from you) and will be part of generating feedback to you.

The goals of this consultation session are twofold:

1. To facilitate the process of your therapy with your regular therapist
2. To add significantly to the professional competence of therapists wishing to learn EFT.

The session will last approximately 1 hour to 1 hour and 15 minutes, after which time you and your therapist will take a 10 to 15 minute break while the group prepares feedback. You will then return and receive the group's feedback and have an opportunity to respond if you wish.

There is no cost for this consultation.

The Trainer, Supervisor, Helpers and Externship Participants are bound by professional ethics to keep the personal information you share confidential. As is true with any type of counselling and therapy services, information you share can only be given out with your written permission. Exceptions to this are any risk of imminent danger to yourself or to others, or if your file were to be subpoenaed or ordered into court for legal proceedings.

Permission:

We, _____ / _____,
understand that this session, is being recorded and that at my/our request the session can be immediately erased.

We give permission to record our consultation session for the following use: (Please initial the options agreeable to you)

- 1) For the purpose of live feed to therapists watching the session. _____
- 2) For the consultant and our therapist, to review. _____
- 3) For use in future training groups with other therapists. _____
- 4) For research purposes. _____
- 5) For commercial sale to helping professionals only with agreement to protect confidentiality. _____

I understand that my confidentiality will be protected at all times. If a therapist or researcher knows me in any way they will excuse themselves from viewing the session and will keep my confidentiality as per standard professional guidelines.

I have read and understood the above and agree to participate in this consultation session:

Name: _____
(Signature)

(Print)

Name: _____
(Signature)

(Print)

Name (Regular Therapist): _____
(Signature)

(Print)

Name (Trainer/Supervisor): _____
(Signature)

(Print) _____

Date: _____