

Authorization for Taping of Supervision Sessions

I, _____, hereby give permission for my Supervisor, _____, to videotape my supervision sessions. I understand that my supervisor is a candidate for the AAMFT supervision process and that taping my sessions is a requirement for this process. I am also willing to participate in live supervision sessions, during which my supervisor will be observed by her consultant and potentially another AAMFT supervision candidate.

I also understand that both my supervisor and the consultant she is meeting with will exercise caution with any personal information that I share.

I know that I can revoke this release in writing at any time I choose to.

Supervisee's Signature

Date

Supervisor's Signature

Date