MORGAN HART, MSW, LCSW
922 Shattuck Avenue, Berkeley, CA 94707
(323) 325 5505

About DEFT and PACT Video Recording

One of the things that sets Dynamic Emotion Focused Therapy – DEFT – and Psychobiological Approach to Couple Therapy – PACT - apart from other therapies is the use of video. The intense and highly complex nature of the work means that a great deal of verbal and non-verbal material surfaces during treatment. It can be difficult for a DEFT or PACT clinician to see it all at once. Thus, many DEFT and PACT clinicians use video (always with the client's written permission) to have the opportunity to review, if needed, what took place during a given session. Also, the therapist may use video playback during a couple therapy session, so partners have the opportunity to experience their own voices and non-verbal expressions /gestures from the outside.

A careful review of video allows me to study the session in detail, and I often gain valuable information that can deepen and accelerate the treatment. In my experience, my ability to review a recorded session can make a very positive difference for you.
The time and resources I apply when reviewing your sessions is considered part of the treatment and is offered to you at no additional cost. The video recorder itself is unobtrusive, and I find that most people quickly forget about the recording process.

Please keep in mind:

- The recordings will NOT be part of your permanent medical or insurance records.
- The recordings will be deleted after use for their intended purpose.
- You can ask to stop the recording or delete a tape at any time.

In addition, with your permission, I may sometimes seek feedback on sessions from professional DEFT or PACT mentors or colleagues. Again, my goal is to maximize the quality of your therapeutic treatment. Like me, any mental health professional who would watch your video is bound legally and ethically to keep everything they see, hear or discuss completely confidential. Before sharing any video recording, your opening image is shown in freeze-frame, and if another therapist knows you, the recording will not be not shown. In all cases, the video is used under the highest standards of professional confidentiality. Please let me know if you have any questions or would like to discuss.

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Consent to Videotape

I authorize Morgan Hart, MSW, LCSW to make video recordings as an integral part of my treatment. I understand that Morgan Hart is committed to studying the process of treatment, as needed, in order to make my psychotherapy as effective, efficient and successful as possible.

I understand that:

- I do not need to sign this authorization, in which case no recording will take place.
- I am entitled to a signed copy of this authorization.
- The use of these recordings will be restricted to the following purposes: 1) Review and analysis by Morgan Hart, LCSW. 2) Confidential consultation by Morgan Hart, LCSW with select DEFT or PACT professional therapist colleagues. 3) A therapeutic tool for couple therapy to be used in-session at the discretion of Morgan Hart, LCSW.
- The recordings will be used in accordance with the highest ethical standards of professional confidentiality for licensed mental health professionals. Before sharing any video recording, my opening image will be shown in freeze-frame, and if another therapist knows me, the recording will not be not shown.
- My name will not be revealed.
- These recordings will not become the property of anyone other than Morgan Hart.
- I will not receive financial compensation for the video or use of these recordings.
- This authorization shall remain in effect until Morgan Hart, LCSW's retirement, or until revoked by me.
- I can revoke this authorization at any time, by written request to Morgan Hart.
- I can request in writing at any time that the recordings themselves be destroyed. Such requests will be effective immediately on my written request, but will not affect any action taken by Morgan Hart, LCSW prior to her receipt of the request.
- The tapes are not part of my permanent medical or insurance records.

I have crossed out or modified any aspects of this authorization that I wish to change.

Signed _____Date_____

Name_____

Address_____

Date of Birth _____