

Permission for CI Intern/Mentee to Conduct a Free Compassionate Inquiry Practice Session & to Audio or Video Record the CI Practice Session

I hereby give permission
to

Jill L Kelly

(COMPASSIONATE INQUIRY INTERN/MENTEE NAME)

I hereby give permission to a Compassionate Inquiry Intern/Mentoring student who is enrolled in the Compassionate Inquiry Internship Mentoring program, to conduct a personal inquiry with me working from a Compassionate Inquiry theoretical orientation and make audio and/or video tape recordings of our practice session(s). I understand that these recordings will be used only for the purpose of providing mentorship to the CI course participant, when these are reviewed online by the Intern's Personal and Group Mentors, CI Certification Team member, and/or Dr. Gabor Maté.

Any person involved in providing or receiving mentorship is bound to the same ethical principle of confidentiality as professionals who are conducting the inquiry. The contents of these taped sessions are confidential and the information will not be shared outside the context of individual, dyad, and group mentorship without written permission.

I understand that sessions are held over Zoom which is a platform that is not a secure or encrypted site. Similar to using cell phones, email, and social media, privacy may be compromised which can lead to breaches of confidentiality.

The tapes will not be used for any other purpose without my explicit written permission. The recording will be stored electronically. It will be subject to the same security and storage as client files. All tapes of sessions will be erased no later than one year. Any exception to this last statement will require an additional permission form to be signed by me, the client.

Video-recording is routinely used in education and training programs. Reviewing video is the best way to improve skills allowing mentors to provide direct feedback on CI skills.

The recording is confidential and will be viewed by the CI Intern/Mentoring Student and their CI Personal and/or Group Mentor, as well as the CI Certification Team, consisting of 2 Facilitators. The CI Intern/Mentoring Student may also like to review the video of this practice session in a monthly Master Class led by Dr. Gabor Maté. The Master Class is recorded and the recording is shared with all current participants in the training as well as those who have graduated and are part of an annual membership.

I understand, accept, comprehend and provide consent for the information provided in this document.

Name:

Name of CI Intern/
Mentee:

Jill L Kelly

Signature:

Date: