

Permission to Video/Audio Record Free 20 minute CI Session

I hereby give permission to Jill Kelly who is enrolled in the Compassionate Inquiry Mentorship program, to conduct a personal inquiry with me working from a Compassionate Inquiry theoretical orientation and to 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, when these are reviewed online by the Mentee's Personal and/or Group Mentors, CI Certification Team member, and/or Dr. Gabor Maté.

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, despite our best efforts to ensure 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.

The recording is confidential and may only be viewed by Jill Kelly and/or her CI Personal and/or Group Mentor, and possibly the CI Certification Team, consisting of 1 Reviewer. **Place your initials in the box below stating that you agree that these individuals may view the video of your practice session.**

Initial Here

I have asked any of the questions I have at this time. I understand and consent to all of the above conditions and I hereby consent to participate in one free CI session.

I verify that entering my name below is in lieu of me signing this document.

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

Participant Initial:

Date:

Name:

Practitioner: