



Community Hope Christian Counseling

Helping People Find the Hope of Christ

NON-RECORDING AGREEMENT

Successful therapy depends on building a relationship of trust, good faith, and openness between client(s) and therapist(s). Often, audio or video recording can inhibit openness and introspection in therapy. Covert (or concealed) recording(s) is a direct violation of trust and good faith to all the other persons in the room.

Recordings made and taken home by clients sometimes fall into unintended hands through loss, random or targeted theft, or action by police, court or governmental agency. Such loss could compromise or nullify your legal expectation of confidentiality in the extremely sensitive personal or interpersonal matters that may have been discussed. Courts may not give your own recordings all the legal confidentiality they give to a therapist's office notes and may find themselves serving. Client recordings can more easily end up becoming an issue in conflicts such as divorce, child custody, or other legal cases or be used by agencies of government. (CPS, DHHS, FOC). A client who makes a recording solely for personal use or to use against a partner may later be surprised to find the recording being used against him- or herself instead. Once an unfavorable recording exists, its deletion can become legally punishable if a subpoena is issued for it. Additionally, most users of recording technology lack the technological tools and knowledge required to delete a recording in a way that makes it unrecoverable and unhackable.

Such factors like these undermine the therapeutic process and the building or rebuilding of trust that takes place between partners in session and between the client(s) and therapist(s).

For these reasons and others like them, **Community Hope Christian Counseling Center** maintains a **STRICT** policy on the recording of face-to-face sessions and/or other interactions (audio via cell phone).

Therefore, the client signing below agrees that:

1. Recordings (whether face-to-face or during audio interactions e.g., phone conversations) may only take place with the knowledge and explicit consent of **ALL** clients, therapists, and other persons present during a session (not just one of these people).
2. Consent for each recording must take the form of dated written signatures from **ALL** persons on a paper form available for that purpose, with a copy to each person involved in the recorded session or event. Additionally the recording itself must include the live consent of **ALL** persons present, (through hearing each person verbally giving consent on the recording) stated at the start of the recording or when they join a session or interaction already in progress.

Therapists at **Community Hope Christian Counseling Center** will only consent to recording of a session for exceptional reasons and **ONLY** after the drawbacks and risks have been discussed and **ALL** parties involved feel that the benefits clearly outweighs the aforementioned drawbacks and risks.

***Violation of this policy by covert recording or non-conformance with this agreement **will** lead to immediate termination of therapy! ***

I acknowledge that I have **READ** and understood this policy, accept it, and pledge to uphold it while me or my family members are in treatment at **Community Hope Christian Counseling Center**.

Signature of Client: _____

Date: _____