



## ICEEFT Certification Video Release Form

Date: \_\_\_\_\_

We consent to the recording of our session(s) to be viewed by a representative of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT). We understand that this recording will be kept confidential and viewed only by a Certified EFT Therapist as part of the ICEEFT Certification procedure. The ICEEFT representative will also take responsibility for destroying the recordings after viewing them.

Client Name(s): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Therapist name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_