

MEME RHEE, MFT, PSY.D.

1849 SAWTELLE BLVD STE 100 LOS ANGELES, CA 90025 (310) 430 3990

About ISTDP Videotaping

One of the things that sets Intensive Short-Term Dynamic Psychotherapy – ISTDP – apart from other therapies is the use of videotape. The intense and highly complex nature of the work means that a great deal of verbal and non-verbal material surfaces during treatment. It is often difficult for an ISTDP clinician to see it all at once. Thus, most ISTDP clinicians use videotape (always with the client's written permission) to review what took place during a given session.

A careful review 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 videotaped session can make a very positive difference for you.

The time and resources I apply to reviewing your sessions is considered part of the treatment and is offered to you at no additional cost. The videotaping itself unobtrusive, and I find that most people quickly forget about the taping process.

Please keep in mind:

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

In addition, with your permission, I may sometimes seek feedback on sessions from professional ISTDP 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 tape 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 tape will not be shown. In all cases, the tape 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 Meme Rhee, MFT, Psy.D. to make video recordings as an integral part of my treatment. I understand that Dr. Rhee is committed to studying the process of treatment 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 Dr. Rhee. 2) confidential consultation by Dr. Rhee with select professional ISTDP therapist colleagues.
- 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 tape will not be shown.
- My name will not be revealed.
- These recordings will not become the property of anyone other than Dr. Rhee.
- I will not receive financial compensation for the taping or use of these recordings.
- This authorization shall remain in effect until Dr. Rhee’s retirement, or until revoked by me.
- I can revoke this authorization at any time, by written request to Dr. Rhee.
- 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 Dr. Rhee 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 _____