

Consent Form

	Initials	Date
1. Acceptance of MHCC terms and conditions: I understand and accept the terms and conditions shared with me and have had an opportunity to ask questions		
2. Storage of personal data: I understand the information shared with me about how and for how long data is used and stored by the MHCC		
3. Email communication: I consent to the use of email communication during the period of my treatment		
4. Recording of therapy sessions: ➤ I understand my options regarding recording of therapy sessions		
➤ I consent to the therapist recording therapy sessions on their mobile phone and sharing with me on <i>Dropbox</i>		
➤ I consent to the therapist recording therapy sessions on their mobile phone and sharing with their clinical supervisor on <i>Dropbox</i>		

Name (service user): _____

Signature: _____

Date:

Name (MH professional): _____

Signature: _____

Date: