

SIMULATION CONFIDENTIALITY AND CONSENT FORM (Form 34B)

Every client in Healing Therapy and Minds LLC Life Coaching Program will read and sign the Simulation Confidentiality Agreement and Consent for Video/Audio Recording at the beginning of each session prior to utilizing Life Coaching services.

Simulation Services and Technology. This form will be on file in Healing Therapy and Minds Organization.

Printed client's name _____ Date _____

Current session (circle one) 1st 2nd 3rd 4th

Simulation Confidentiality Agreement

I _____ agree to keep all information regarding and surrounding the clinical simulation(s) in which I participate confidential until such time that all clients in my current program have completed the simulation(s). I agree not to discuss the simulation in any way with any other client or outside parties of Healing Therapy and Minds LLC until she/he has completed the simulation(s).

Signature _____

Date _____

Consent Form for Video/Audio Recording

I authorize the Healing Therapy and Minds LLC Life Coaching to record my participation and appearance in clinical simulations on video and audio tape. I understand that this video/audio recording will be used for education guidance purposes only within the Healing Therapy and Minds LLC Organization. Furthermore, this recording will be destroyed within one year of filming/recording.

Signature _____

Date _____

Reviewed February, 2025