



## **PARTICIPANT COMMITMENT AND CONFIDENTIALITY AGREEMENT**

I agree to hold all patient-related information obtained during the Academy of Cognitive Therapy training sessions confidential and promise not to discuss any patient or patients in public places or with anyone outside the consultation sessions.

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Initial

I agree to submit and allow my reviewed tape to be used for training purposes during the Academy of Cognitive Therapy training sessions. *(Please note the submitted session will be scrubbed for any identifying information, if necessary, to protect the anonymity of the clinician and the individual receiving counseling. In addition, your tape may or may not be selected to be used, but must be submitted as part of the participation criteria).*

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Initial

I agree to attend three one hour training sessions. Training sessions will be web-based and will require the participant to download Citrix's Go To Meeting<sup>®</sup> software prior to the first scheduled meeting.

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Initial

I agree to listen to and evaluate two audio samples. Participants will use the Cognitive Therapy Rating Scale to assess each sample.

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Initial

I agree to solicit the support of my supervisor to participate in these sessions. *(Note: supervisor support is evidenced by acquiring the signature of your supervisor on this agreement.)*

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Initial

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Signature

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Participant's Name

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Supervisor's Name & Signature

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Date