Informed Consent to Audio or Video Record Counseling Sessions for Training Purposes

This counseling site supports the teaching and training mission of the Master of Arts in Counseling Psychology Program at National University. Your therapist is a Trainee in this program. Because the agency provides a teaching-training function, permission is frequently requested of its clients to audiotape and/or videotape the interviews that are conducted by the professionals-in-training. Audio and video recording the sessions are a significant component of counselor training. However, no recording is ever done unless the client has given permission to do so. Therefore, we use this consent form to obtain your permission to audio and/or video record. This is for educational training purposes only.

Your signature below indicates that you _____(name of client or parent/ guardian of client) give _____(name of your counselor-in-training) permission to be audio/video record (circle one or both) and that you understand the following:

1. I can request that the recorder be turned off at any time and may request that the recording or any portion thereof be erased. I may terminate this permission to record at any time.
2. The purpose of recording is for use in training and supervision. This will allow the above referenced counselor-in-training to consult with his or her assigned supervisor(s) and practicum instructor in an individual or group supervision format, who may view the recording alone or in the presence of other counselors-in-training involved in direct supervision or practicum course.
3. The contents of these recorded sessions are confidential and the information will not be shared outside the context of individual and group supervision or practicum course.
4. The recordings will be stored in a secure location and will not be used for any other purpose.
5. The recordings will be erased after they have served their purpose.

_____

Client Name (please print)

_____ _____

Client/parent guardian Signature **Date**

_____

Trainee Name (please print)

_____ _____

Trainee Signature **Date**