

PERMISSION TO VIDEO/AUDIO TAPE COUNSELING SESSIONS

In order to constantly improve my counseling skills I often like to record sessions. If you are comfortable with this I need your written permission. Our work in counseling will not be affected by the recording and you are free to say no. If at any time you change your mind we can stop the recording.

I give permission for _____ to record our counseling sessions for the following use. Initial the option agreeable to you. (Initials)

- 1) Only for review outside of sessions. _____
- 2) For use in peer and supervision meetings _____

I understand that my confidentiality will be protected at all times. If either a supervisor, supervisee or researcher knows me in any way whatsoever they will not view the recording and will keep my confidentiality as per standard professional guidelines.

Client: _____
(Signature)

Name: _____
(Print)

Client: _____
(Signature)

Name: _____
(Print)

Therapist: _____

Date: _____