

Practicum/Intern Consent for Audio/Video Taping

_____ consent to allow _____
Name of Client Name of Counselor

to record our counseling sessions. I understand that these recordings will be reviewed by my counselor's instructor from _____ and other students in the supervision class to enhance the services I/we are receiving and for teaching purposes. I also understand that no one within the class will discuss my case outside the supervision seminar and that the tapes will be destroyed during or at the end of the semester. I have read the statement above and have had the opportunity for all questions regarding the use of the tape recordings answered to my satisfaction.

Signature of Client

Date

Parent Signature

Date

Witness

Date