

CONSENT TO RECORD THERAPY SESSION

I hereby give permission to _____,
(*therapist/therapist-in-training*) to record our therapy session(s) on [audio/video].

I understand that the purpose of this recording is to enable you to review and evaluate our therapeutic work together, so that you can continue to improve your counseling techniques.
OR I understand that these recordings will be used only for the purpose of providing clinical supervision and peer review to the counselor-in-training.

I understand that listeners and viewers of the recording may include your supervisors or peers in your group supervision. All of them, including you, are bound by the ethical standards of the [professional organization] and to the same ethical principal of confidentiality as professionals providing counseling.

My signature below indicates that I give _____ (*name of therapist*) permission to be audiotaped/videotaped (*circle one or both*) and that I understand the following:

1. I can request that the audio recorder or video recorder be turned off at any time. I may also request that the tape, or any portion of it, be erased.
2. I can revoke my permission for you to record me at any time.
3. The contents of the taped sessions are confidential and the information will not be shared outside of your individual, peer, and group supervision.
4. The recordings will be stored in a secure location and will not be used for any other purpose without my written permission.
5. The recordings will be erased after they have served their professional purpose.

Client Signature Date

Client Printed Name

Counselor Signature Date