



INFORMED CONSENT TO VIDEOTAPE COUNSELING SESSIONS

Video recording are commonly used for consultation, training and research in individual and couple therapy. Videos are used for the purposes of professional training, consultation and/or improving service in individual supervision (between the counselor and her supervisor) and/or group supervision (between the counselor, the supervisor, and other registered interns). The recording of sessions will likely enhance the effectiveness and quality of treatment, but is not required. You may decline to have sessions recorded.

Your signature below indicates that you give _____ permission to videotape your counseling sessions for training and supervision purposes and that you understand that:

1. You can request that the tape recorder or video recorder be turned off at any time and may request that the tape or any portion thereof be erased. You may terminate this permission to tape at any time.
2. The purpose of taping is for use in training and supervision. This will allow the above referenced counselor intern to consult with his or her assigned supervisor(s) in an individual or group supervision format, who may listen to the tape alone or in the presence of other counselors interns involved in direct supervision.
3. The strictest confidentiality will be maintained, and there will be no sharing of the recorded material beyond the limits of training and supervision. Except for your first name and your voice and/or image on the recording, there will be no information that could identify you. The recording will never knowingly be shared with anyone who knows you. Mental health professionals who may view or hear recorded material of your session are also bound by law and by code of ethics to the same obligation to protect your confidentiality. Except in the context of training and supervision, the existence of this recording will not be discussed with anyone at any time.
4. The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission.
5. The tapes will be erased after they have served their purpose.

Client Name (Please Print)

Client's Signature

Date