
PERMISSION TO VIDEO/AUDIO TAPE COUNSELLING SESSIONS

In order to constantly improve my counselling skills I often like to record some sessions. If you are comfortable with this I need your written permission. Our work in counselling will not be effected 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 Jennifer Brighton to record our counselling sessions for the following use. Circle and initial the option agreeable to you. (Initials)

- 1) Only for Jennifer’s review outside of sessions. _____
- 2) For Jennifer’s use in peer supervision meetings _____
- 3) For Jennifer’s use in meeting with a supervisor _____
- 4) For Jennifer’s use in supervision groups that include other therapists. _____
- 5) For research purposes. _____
- 6) For Dale’s use in teaching graduate students or in professional training workshops. _____
- 7) All of the above. _____

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: _____