

Adrian Julian, MA, NCC, LPC
Northcentral University Marriage and
Family Therapy Doctoral Candidate

Informed Consent to Audiotape to Videotape Counseling Sessions

_____ (name of the agency or setting) provides a variety of services to individuals and their families. Because the clinic allows for teaching and training of licensed professional counselors and marriage and family therapists, permission is frequently requested of our clients to audiotape and/or videotape the interviews that are conducted by the professionals-in-training. Audio taping and video recording the sessions are a significant component of counselor training. However, no recording is ever done unless the client has given permission to do so. Therefore, we use this consent form to obtain your permission to obtain your permission to audiotape and/or video. Feel free to ask your counselor any questions about the purpose of taping and use of the tapes.

Your signature below indicates that you give Adrian Julian, MA, LPC permission to audiotape / videotape sessions and that you understand the following:

1. I 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. I may terminate the 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-in-training to consult with their assigned supervisor(s) in an individual or group supervision format, who may listen to the tape alone or in the presence of other counselors-in-training involved in direct supervision.
3. The contents of these taped sessions are confidential, and the information will not be shared outside the context of individual and group supervision.
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.

Name of Client (Please print)

Name of Client Guardian (if applicable)

Signature _____ Date _____