



XarisCounseling  
*Transforming mind, heart, life*

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## USE OF ELECTRONIC RECORDING INFORMATION AND RELEASE FORM

At times your therapist may request your permission to record all or part of a session using audio or video technology. Any such recordings will be for the purposes of consultation, education, and/or supervision (i.e. having an approved supervisor assess the therapist's adherence to professional standards and ethical guidelines, and their use of therapeutic techniques). The goal of recording and reviewing allows for focused enhancement of the effectiveness of therapy provided to clients.

Should you consent to electronic recording of your therapy session(s), your name(s) will not appear in any materials used in connection with the recordings. Any cameras used will be placed behind the client(s) so that identifying facial features are not revealed.

You retain the right to request that a recording from any session or session segment be erased immediately and not used for professional training purposes. **You may also withdraw your consent in its entirety at any time.**

Your signature below indicates your understanding and acceptance of the information provided above.

_____ Client Signature	_____ Printed Name	_____ Date
_____ Legal Guardian Signature	_____ Printed Name	_____ Date
_____ Therapist Signature	<u>Wendell Scanterbury, Ph.D.</u> Printed Name, Credential	_____ Date