

Informed Consent to Audiotape or Videotape Counseling Interviews

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Calm Gardens Therapy, LLC provides a variety of services to individuals and their families. It also supports the teaching and training mission of the counseling programs. Because the agency provides a teaching-training function, permission is frequently requested of its clients to audio and/or video recording of the interviews that are conducted by the professionals-in-training. Audio and video recording the sessions are a significant component of counselor training. However, no recording is ever viewed or gone over unless the Clinical Director is providing clinical feedback to the provider regarding any specific therapy treatment approaches. Therefore, we use this consent form to obtain your permission to audio and/or video the sessions. Feel free to ask your provider any questions about the purpose of recording and use of the videos.

Your signature below indicates that you give **Calm Gardens Therapy** permission to be audio/video record and that you understand the following:

1. The purpose of recording is for use in training and supervision. This will allow the counselor-in-training to consult with his or her assigned supervisor(s) in an individual or group supervision format, who may listen to the recording alone or in the presence of other counselors-in-training involved in direct supervision.
3. The contents of these recorded sessions are confidential, and the information will not be shared outside the context of individual and group supervision.
4. The recordings will be stored in a secure location and will not be used for any other purpose without my explicit written permission.
5. The recordings will be erased within 30 calendar days of the original recording date.

Client Printed Name

Client/Parent Guardian Signature

Date