

MIDAMERICA NAZARENE UNIVERSITY

Master of Arts in Counseling
2030 East College Way, Olathe, KS 66062

CLIENT AUTHORIZATION FOR SUPERVISION and MEDIA RELEASE FORM

The counseling offered is being delivered by a graduate student counselor(s) who is enrolled in the Master of Arts in Counseling at MidAmerica Nazarene University. In order to meet professional standards for the education of student counselors, we need to have our clients agree in writing to the following:

- A. Permission to allow the supervisor(s) of your counselor full access to your client file for the purpose of guiding your counseling and your student counselor's training. Your counselor is being supervised by:

MidAmerica Nazarene University and _____
Counselor Education Staff Placement SITE Supervisor Location

- B. Permission to allow your student counselor to make audio or video recordings of sessions for supervision purposes. The recordings are used for educational purposes, which gives feedback to the student counselor from other counseling professionals. Student counselors become a more effective counselor, improving their counseling skills through this form of review. As such, the recordings may be sent to an authorized, qualified third party with whom the university has an understanding such as a transcriptionist in order to comply with all education standards for students with disabilities and to align with requirements of the Americans with Disabilities Act (ADA). A MNU faculty member oversees the use of these recordings. After supervisory use, the recordings are erased. All third parties involved the process will agree to abide by all required HIPAA standards and regulations. All recordings are treated with the same ethical concern as confidential records.
- C. Permission for occasional "live" consultation where the supervisor sits in the room with the counselor or observes the counseling through closed circuit television.

In order for the student counselor to provide services for you, you must at least agree to #1 which allows the supervisors access to your file. The integrity of our professional training requires these arrangements. If you feel you cannot give permission for the procedures noted in #2 and #3, please mark through the ones in which you do NOT give permission.

We believe these practices contribute to the high quality of professional service to you, our valued client. Thank you for your cooperation.

My signature below indicates that I have read this document and understand and agree to the supervisory and media release requirements.

Client Signature Date Client Signature Date

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