



CORE BALANCE COUNSELING, LLC PROVIDES A VARIETY OF SERVICES TO INDIVIDUALS AND THEIR FAMILIES. IT ALSO SUPPORTS THE TEACHING AND TRAINING OF INTERN AND RESIDENT LEVEL COUNSELORS. BECAUSE THE PRACTICE PROVIDES A TEACHING-TRAINING FUNCTION, PERMISSION IS FREQUENTLY REQUESTED OF ITS 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 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 _____ PERMISSION TO BE AUDIOTAPED / VIDEOTAPED (CIRCLE ONE OR BOTH) 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 THIS 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 HIS OR HER 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 RECORDINGS WILL BE ERASED AFTER THEY HAVE SERVED THEIR PURPOSE.

NAME OF CLIENT (PLEASE PRINT)

SIGNATURE OF CLIENT OR LEGAL GUARDING IF CLIENT IS A MINOR

DATE

INFORMED CONSENT FOR AUDIOTAPE OR VIDEOTAPE COUNSELING SESSIONS

CLIENT ID _____ CLIENT INITIAL _____

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