

Client Consent to Video

Services provided at Counseling Connection and Training Institute are rendered by counselors-in-training who are receiving advanced training in the Clinical Mental Health Counseling Program at Antioch University – New England. The counselors-in-training are supervised by at least one senior staff person on a weekly basis. Clients have the right to know the identity and credentials of the supervisor(s) involved with their case. Supervision and recording are parts of this advanced training process.

Counselors in training routinely record sessions by audio and/or video to review their work with supervisors and for class requirements. I grant permission to **Holly Sherrer, BA, Rostered** to make video and/or audio recordings with me for counseling supervision and for class requirements. The only individuals who are authorized to review the recordings are the supervisor and the instructor for the course (Practicum and Internship I and II).

There will be no other purpose for the recordings other than for supervision and for this skills development course. Recordings will be stored in a secure platform and only the counselor in training and their instructor will review these recordings. Once the recordings are reviewed, they will be destroyed.

I will always be notified ahead of time when the counselor in training plans to record a session, and I may refuse video and/or audio recording of sessions at any time.

_____ I agree to be video/audio recorded
Name of Client

_____ Date

_____ Date
Signature of Holly Sherrer, Rostered