

Client Consent to Video

Services provided at Counseling Connection and Training Institute are rendered by counselors-in-training who are receiving advanced training in a MA Clinical Mental Health Counseling Program at Adams State University in Alamosa, CO. 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 **Joyce Cellars, Rostered.**, supervisors and for class requirements. I grant permission to **Joyce Cellars, 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 (Mental Health Internship Seminar).

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

Signature of Client

Date

Signature of Counselor in training

Date