

## Client Consent to Video

Services provided at Counseling Connection and Training Institute are rendered by counselors-in-training who are receiving advanced training in Clinical Mental Health Counseling. The counselors-in-training are supervised by at least one senior staff member every week. 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 **Natalie Raby, BA, Rostered** to make video and/or audio recordings with me for counseling supervision and class requirements. The only individuals who are authorized to review the recordings are the supervisor and the instructor for the course (Practicum, Internship, and Advanced Internship).

The recordings will serve no other purpose than for supervision and 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.

By signing below, I agree to be recorded by audio and/or video by Natalie Raby, Rostered.

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Name of Client

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Date

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Signature of Client

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Natalie Raby, Rostered

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Date