

## 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 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 **Emily Aiken, 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, Internship, and Advanced Internship).

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.

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

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature of Client                      Date

\_\_\_\_\_  
Signature of Emily Aiken, Rostered                      Date