**CONSENT TO RECORD SESSIONS**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_

Regularly taping sessions is a requirement of the Graduate Counseling Program at Old Dominion University for all student counselors who are in practicum or internship sites. Tapes will periodically be reviewed by my site supervisor, university supervisors, and the peers in my supervision group, who are mental health professionals and held to the same professional and ethical standards of confidentiality as I am to preserve the personal information revealed in the counseling relationship. The recordings are used to review my performance and ensure that I am providing you with the best services possible. All recordings will be erased or destroyed at the end of my placement at this site by [Insert end-of-semester date: MM/DD/YY]. Please feel free to ask any questions or express concerns to me about this procedure. A copy of the Recording Policy for the Graduate Counseling Program at Old Dominion University can be provided to you upon request.

I have read and understand the above statements regarding confidentiality, recording, and supervision of my sessions (or the sessions of my child). By signing below, I give my permission for these sessions to be recorded for training purposes as described above. I further understand that I can withdraw this permission at any time.

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[Counselor Trainee Name & Credentials] Client or Guardian’s signature

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Date Date