

**Wake Forest University Department of Counseling
Site Supervisor-Student Recording Agreement**

I, [supervisee's name] _____, do hereby agree to adhere to the policies of both Wake Forest University and my clinical site regarding the recording of counseling sessions with clients. No sessions will be recorded without the signed consent of the client, and each client's signed Recording Consent Form will be saved in the official client record at the clinical site per site policies and my state's laws regarding client records.

I, [site supervisor's name] _____, do hereby agree to confirm the presence or absence of signed Recording Consent Forms for clients in my supervisee's caseload, and to ensure that each signed Recording Consent Form remains in the official client record at the clinical site per site policies and my state's laws regarding client records.

Student supervisee signature _____ Date _____

Site supervisor signature _____ Date _____