

Wake Forest University
Department of Counseling
Consent to Record Counseling Interviews

I hereby give permission to _____, a counselor-in-training
(Counselor's Name)

at Wake Forest University who is completing clinical requirements at

_____, to record our counseling sessions via
(Name of Agency or School)

_____ or _____.
(Audio only) (Video and Audio)

I understand that these recordings will be used only for the purpose of providing clinical supervision to the counselor-in-training, either at Wake Forest University or at the student's clinical placement. Any person involved in providing or receiving clinical supervision is bound to the same ethical principles of confidentiality as professionals providing counseling. All recordings of counseling sessions will be erased no later than the end of the present semester.

By signing below, I acknowledge that the policies of the recording procedure, supervision, and confidentiality have been explained to me and I have had the opportunity to ask questions. I understand I can withdraw this permission to record at any time.

(Signature of Client)

(Signature of Witness)

(Date of Signature)

(Date of Signature)

IF THE CLIENT IS A MINOR (UNDER THE AGE OF 18 YEARS) HIS/HER PARENT OR LEGAL GUARDIAN MUST ALSO SIGN THIS AGREEMENT, BELOW.

(Parent or Legal Guardian's Signature)

(Date of Signature)