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)