MN COUNSELING AND THERAPY CENTER

Erin Shobe, M.A., LMFT, RPT-S Molly Nepote, M.A., LAMFT Melissa Tyler, M.A., LAMFT Olivia Newstrom, M.A., MHP

Authorization for Recording

In the event your therapist believes a therapy session with you, your child, or you and your child would be beneficial for consultation and supervision purposes, she may record that session. Recordings are destroyed once consultation and supervision have occurred. However, in rare instances in which a session may be considered helpful for continued training, that recorded session may be kept for such purposes.

I am aware that I have the right to preview any recording of my sessions, or my child's sessions if it will be used for consultation/supervision for training purposes.

Please check the appropriate box.	
I <u>DO NOT GIVE</u> permission to record any session with myself or my child.	
I <u>GIVE</u> permission to record any session with myself or m my child's work.	y child and take photographs of
Also, indicate the following: I choose to have all recorded sessions and photo following consultation/supervision.	graphs be destroyed immediately
I will allow Minnesota Counseling and Therapy sessions and photographs for training purposes.	Center continued use of recorded
I understand that I can revoke this authorization at any time win myself, or my child.	thout any repercussions toward
Client Signature	Date
Therapist	