

Informed Consent for Video Recording

I am requesting your permission to record our counseling session(s) on video file(s). The purpose of this recording is to help me serve you better and to review and evaluate my counseling techniques. No recording will be done without your prior knowledge and consent. Viewers of the video file(s) may include my supervisors and peers in my group supervision class. All viewers of the video file(s), including myself, are bound by the ethical standards of the American Counseling Association. The video file(s) will be treated with confidentiality by being stored on a password protected computer and will be destroyed at the termination of the semester.

By signing below, I am stating that I have read and understood the Informed Consent for Video Recording and that I am permitting _____ to video record our session(s) and review the video file(s) with the aforementioned individuals for supervision purposes.

Client Signature

Date

Counselor Signature

Date