Wake Forest University  
Department of Counseling  
Consent for Audio/Video Recording  
(CMHC Track)

I am a counselor-in-training in the Masters in Counseling Program at Wake Forest University. The Department of Counseling finds it helpful to make recordings of counseling sessions of counseling students. The recordings are helpful for counselor supervision purposes and help my supervisor with my growth and development as a professional counselor. As a counselor-in-training I am required to turn in several recorded sessions to my supervisor for this education purpose.

I am seeking your consent to record some of our counseling sessions. Session recordings will be made only with your written consent. Your session recording with counselor-in-training ________________________________ will be used during individual and/or group supervision at Wake Forest University, under the guidance of the Department of Counseling University Supervisor. Please know the focus of supervision is on the Counselor-in-training’s skills and performance, not the content of the session. All recordings will be completely erased after supervision is completed.

This agreement applies to sessions occurring between _______________ (month/year) and _______________ (month/year) and may be terminated at any time, based on your request.

I, (print client/guardian name) ________________________________ affirm that I give my consent for counseling sessions to be recorded for supervisory and educational purposes. The policies of the audio/video recording procedure, supervision, and confidentiality have been explained to me.

Signature ________________________________ Date ________________

(Parent or Legal Guardian if client is under 18 years of age) ________________________________ Date ________________

Counselor-in-Training Signature ________________________________ Date ________________

Updated 10/10/13