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. I understand that these
(Name of Agency or School)

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)

________________________________
(Parent or Legal Guardian’s signature)

________________________________
(Date of Signature)