***CONSENT TO RECORD COUNSELING SESSIONS***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give consent to my assigned

 (client's name)

counselor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at (Your service) to:

 videotape\_\_\_\_\_\_\_\_\_\_ (initial if Yes)

 audiotape\_\_\_\_\_\_\_\_\_\_ (initial if Yes)

our counseling sessions. These recordings will be used to aid the counseling process and to gain further understanding of important aspects of the treatment. I have discussed this procedure with the counselor, including the (Your Service’s) policy on confidentiality.

I understand that refusal to sign this form will not affect my eligibility for receiving services at this agency.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_