Department of Psychology and Counseling University of Central Arkansas

Informed Consent to Audiotape or Videotape Counseling Interviews

(name of the practicum agency or setting) provides a variety of services to individuals and their families. It also supports the teaching and training mission of the counseling programs at the University of Central Arkansas. Because the agency provides a teaching-training function, permission is frequently requested of its clients to audiotape and/or videotape the interviews that are conducted by the professionals-in-training. Audio taping and video recording the sessions are a significant component of counselor training. However, no recording is ever done unless the client has given permission to do so. Therefore, we use this consent form to obtain your permission to audiotape and/or video. Feel free to ask your counselor any questions about the purpose of taping and use of the tapes.

Your signature below indicates that you give _____ (name of your counselor-in-training) permission to be <u>audiotaped</u> / <u>videotaped</u> (circle one or both) and that you understand the following:

- 1. I can request that the tape recorder or video recorder be turned off at any time and may request that the tape or any portion thereof be erased. I may terminate this permission to tape at any time.
- 2. The purpose of taping is for use in training and supervision. This will allow the above referenced counselor-in-training to consult with his or her assigned supervisor(s) in an individual or group supervision format, who may listen to the tape alone or in the presence of other counselors-in-training involved in direct supervision.
- 3. The contents of these taped sessions are confidential and the information will not be shared outside the context of individual and group supervision.
- 4. The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission.
- 5. The tapes will be erased after they have served their purpose.

Name of Client (Please print)

Signature

Date