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Consent to audio or video record therapy sessions for use in supervision

Date: _____

As an Associate Licensed Counselor (ALC), Marriage and Family Associate (MFTA), or Graduate Intern at **Samaritan Counseling Centers of Greater Birmingham**,

I, _____ will provide counseling services under the supervision of state-approved licensed clinical supervisor, _____.

To ensure that you receive the best possible counseling care, the supervisee may need to provide examples of his or her counseling work through video or audio recordings. The recordings are for review and evaluation purpose only and focus on the supervisee's counseling competency. Recordings are password encrypted and can only be accessed by the supervisee and supervisor. This is to ensure your confidentiality in counseling.

Participation Voluntary

As our client you have the right to refuse to have your sessions video or audio recorded. Since video or audio recording is entirely voluntary, you do not need to provide a reason for refusing. As a client, you may also withdraw your initial agreement to recording at any time without any consequences.

I, _____ (client), understand that these tapes will be used solely for training and supervision of the supervisee, and that the recordings are kept confidential. The recordings are shared with supervisee's supervisor. As a client, I also understand the recordings will not be part of my clinical record and that all recordings will be destroyed when my counseling relationship with Samaritan Counseling Centers ends.

I agree to the video recording of my counseling sessions and understand my rights to change my mind any time without negative consequences.

I agree to the audio recording ONLY of my counseling session and understand my rights to change my mind any time without negative consequences.

I decline to have my sessions audio recorded.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____