

Informed Consent for Recording Sessions

As a counselor-in-training to become a licensed, it is standard practice in the profession for interns to record client sessions for educational purposes. As a result, and in order for us to work together, I am requesting your permission to record our counseling session(s) on video file(s). The purpose of this/these recording(s) is for my professional development to better serve you and future clients, and no recording(s) will be done without your explicit knowledge and consent.

Viewers of the video file(s) will be my clinical supervisor, Marise Rowell, LCPC, and my academic supervisor and peers in my group supervision class (persons are located across the country and names may vary by semester). If you know Marise and feel uncomfortable with her watching your sessions, then I will help you find an appropriate referral for services, and if necessary one with a supervisor whom you do not know. If a peer or group supervisor knows you, it is standard practice for that person to recuse themselves from participating in sessions where your video(s) are viewed. Also, your name will not be announced and those who know you will recognize you and step out without mentioning more identifying information.

All viewers of the video file(s) are bound by the ethical standards of the American Counseling Association. All video file(s) will be stored safely and confidentially under password protection and destroyed at the end of each semester.

By electronic signature within my client portal, I acknowledge and agree to allow Allison Gilley, our current graduate-level Intern, to record our session(s) and use them for academic and professional development purposes. I also agree if I start to feel uncomfortable or change my mind, I will inform Allison as soon as possible rather than waiting to discuss your concerns after meeting while feeling uncomfortable.

YOUR DIGITAL SIGNATURE IN YOUR CLIENT PORTAL AT THERAPYPORTAL.COM INDICATES YOU HAVE READ AND UNDERSTAND THIS AGREEMENT, AND THAT YOU AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT YOU HAVE RECEIVED AND UNDERSTAND THE HIPAA NOTICE DESCRIBED HEREIN.