



Authorization for Audio/Videotaping & Observation – Community Counseling

Dear Client,

This document is designed to inform you of the process of audio and or/videotaping our counseling sessions.

AUTHORIZATION FOR AUDIO/VIDEOTAPING & OBSERVATION				
STUDENT INFORMATION				
Student Name:				
Level of placement (Please check all that apply):	Masters Student <input type="checkbox"/>	Doctoral Student <input type="checkbox"/>	School Counseling <input type="checkbox"/>	Community Counseling <input type="checkbox"/>
PRACTICUM/INTERNSHIP SITE INFORMATION				
Agency/Organization Name:				
City:	County:		State:	
Zip:	Phone:		Fax:	
Site Supervisor Name:			Phone:	
University Supervisor Name:			Phone:	
AUTHORIZATION FOR AUDIO/VIDEOTAPING & OBSERVATION				
<p>As a graduate student, I am not yet licensed in Texas. However, I am required to be under the direct supervision of a licensed professional counselors or other appropriately credentialed helper (e.g., licensed marriage and family therapist, licensed master social worker, licensed psychologist, etc.). My supervisor reviews treatment plans and progress and signs all notes and other documents that go into your file. You have the right to know the name of my supervisor(s) and how to contact her or him. This information is listed above.</p> <p>Because of my clinical training assignment, I may ask your permission to record sessions for confidential supervisory and training purposes. These audiotapes and/or videotapes are kept in a series of locked cabinets/offices and will be erased at the end of your treatment or at the end of each semester.</p> <p>Occasionally, tapes and other clinical materials (e.g., test results) may be presented in case conferences with other professional staff. In such instances, potentially identifying information about you will be altered to protect your anonymity.</p> <p>By signing below you give permission to have audio and/or video tape recordings made of our counseling sessions. If authorization is for taping of a minor, custodial parent or legal guardian must sign and informed consent must be obtained.</p>				
SIGNATURES				
Client Signature	Printed Name		Date	
Student Signature	Printed Name		Date	