**Consent to Record and Participate in Live Supervision**

I am a field experience student in the Department of Counseling at North Carolina A & T State University. One of the requirements of this experience is that I lead counseling sessions and receive feedback on my performance from my supervisor(s). This is an integral part of my training and I thank you for your willingness to participate.

Here are some important dimensions of our work together:

**Confidentiality.** As a counseling student, I abide by the ACA Code of Ethics (2014) regarding confidentiality. What you tell me in our recorded session will be kept confidential and remain with me except for the following important exceptions:

1. If there is reason to believe there is a serious issue of harm to yourself or others;
2. If there is reason to believe there are indications of abuse or neglect to others;
3. If we receive a court order or subpoena; and
4. For supervisory and learning purposes, our work together may be shared with my instructor, doctoral intern supervisor, and classmates. These individuals are also bound by the ACA Code of Ethics (2014).

**Audiotaping/Videotaping.** An important part of training in counseling is making a recording and listening to my own work. This will often be shared with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my University Faculty Supervisor, Doctoral Intern Supervisor (336-334-7916), and/or students in my class. You’ll find that recording does not affect our practice session as long as you and I are comfortable. If you wish, we can turn off the recorder at any time. I will not share that recording with my professor or class unless I have your permission. All tapes will be erased at the end of the semester under the supervision of my University Supervisor. It is important to note that no names or client identifying information will be shared in the context of supervision.

**Live Supervision**. If you consent, it is also possible that our session may be viewed live by my University Supervisor. This is to help me improve my counseling skills in a professional practice setting. My supervisor will not be a part of our session but will focus on my use of skills during our work together. If you consent, you also have the right to request that the live supervision end at any point.

Please check one:

I give my permission to have this counseling session recorded

I give my permission to have this counseling session viewed live

I do not give my permission for recording or live viewing.

**\_\_\_\_\_\_\_**

Client or Parent/Guardian Signature Counselor-In-Training Signature

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Date Date