CONSENT TO RECORD COUNSELING SESSIONS

I, _____, hereby give consent to my assigned
(counselee's name)
counselor, _____, at _____
_____ to:

videotape_____ (initial if Yes)
audiotape_____ (initial if Yes)

our counseling sessions. These recordings will be used to aid the counseling process and to gain further understanding of important aspects of counseling. I have discussed this procedure with the counselor, including the counseling center/churches policy on confidentiality. I understand that a last name will not be associated with this recording, nor my facial image be seen, and the tape will not go beyond those directly involved with the case or the review of my case for learning purposes. I understand that when my counseling is over, I may request that my recording be destroyed.

I understand that refusal to sign this form will <u>not</u> affect my eligibility for receiving biblical counseling services.

Signed _____ Date____/____/_____

Counselor_____ Date____/____/_____