

SUPERVISION DISCLOSURE AND CONSENT FOR RECORDING SESSIONS

Community Counseling Services (CCS) among its various functions, also serves as a training clinic for graduate students and Registered Associate Marriage and Family Therapists. We ask every trainee and Registered Associate Marriage and Family Therapist to provide recordings of sessions so that a licensed senior staff member can make suggestions and monitor the quality of services provided at CCS.

Your clinician's supervisor is _____ License #: _____

Because you will be seen for services by a graduate student in training or an unlicensed Registered Associate Marriage and Family Therapist, we want to inform you that your clinician will be recording all sessions. Please feel free to ask your clinician any questions about the purposes of recording and the use of the recordings.

Yes, I understand that my sessions will be recorded.

I understand that:

- The purpose of the recording is for supervision or training discussions.
- These recordings are erased or destroyed no later than the end of each academic year and are typically deleted monthly.
- These recordings may not be used for any other purpose without my explicit written permission.
- I understand I can revoke consent at any time and receive referrals for other community mental health agencies.
- These recordings are not part of the my record/file.

Client/Parent/Guardian #1 Signature

Date

Client/Parent/Guardian #1 Printed Name

Client/Parent/Guardian #2 Signature

Date

Client/Parent/Guardian #2 Printed Name

Witness/Clinician Signature

Date

Witness/Clinician Printed Name