

Cañada College

PCC  Personal Counseling Center

Release and Permission to Record Sessions and to Use Case Materials

I (name) _____ authorize _____ to videotape my personal counseling sessions as an integral part of my consultation and therapy. I understand that use of videotapes will be restricted to the following purposes:

Please initial to indicate your approval: _____ Initials _____

1. To be heard and/or viewed by myself, my counselor, and their supervisor _____
2. To be used in group supervision in my counselor's graduate program _____

I understand that my full name will not be revealed, and that the interviews, recordings, and reports will be used solely for the purposes described above in accordance with ethical standards of professional confidentiality for licensed mental health professionals.

I understand that I will not receive financial compensation for the use of these videotape recordings. I further understand that should I wish it, at my written request, these tapes will be destroyed.

I understand that I am fully responsible for my own participation in any and all exercises and activities suggested by the therapist. I agree not to hold the therapist legally responsible for the effect of these exercises on me, either during the session, or later.

I, the client, consent to the recording of my sessions for the purposes described above. The purpose and value of recording have been fully explained to me, and I freely and willingly consent to this recording.

I hereby give up my rights to any and all interests that I may have in the materials. I agree to let the therapist be the sole owner of all the rights in these materials for all the purposes described above.

Signature of client _____ Date _____

I, the therapist, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist _____ Date _____