

Consent Form for Recording Counseling Sessions
Lewis & Clark College Student Counseling Center

I give my permission for my counselor to video-record our counseling sessions. I understand that such recordings are to be used only for professional purposes, which means that they may be listened to or viewed for training purposes only by clinical staff within the Student Counseling Center.

The recordings may be heard or viewed by no one else unless I sign a release to that effect. The material contained in the recordings will be held confidential. The recordings will be kept secure until erased (by the end of the academic year at the latest).

I also understand that if I choose not to be recorded, I in no way jeopardize my right to obtain services from the Student Counseling Center. I have the right to stop recording at any time within a session. I also have the right to have any record erased prior to its review.

I understand the procedures for recording sessions. I consent to recording my counseling sessions.

Client's Name (*please print legibly*)

Client's Signature

Date

Person Obtaining Permission

Date