

AUDIO/VIDEO RECORDING CONSENT

Mental health providers often have regular supervision with another mental health provider to discuss their work. In order to help the quality of the supervision, I, Debi Pruitt, am asking your permission to tape-record our sessions. This is so my supervisor, Dr. George Gates, and I can talk about ideas and ways of working that might be helpful to you. The tapes would also be available for you to listen to a session again should you wish to do so. All tapes will be destroyed/erased after our work together is completed.

In addition, small parts of the recordings may be transcribed/written down and used for work towards my training. If this were the case all names and any identifying information would not be included so complete confidentiality would be maintained.

If you are in agreement and consent to be recorded with the understanding of the above information and that the taping of session will be used with my supervisor to enhance our work together, please sign below.

Client (or parent/guardian) Printed Name

Client (or parent/guardian) Signature

Date