

## **PERMISSION TO AUDIOTAPE AND/OR VIDEOTAPE SESSIONS**

**I understand that my therapist, going beyond her master's degree in counseling, is completing the licensure process, and to this end, I give permission for one or more of my sessions to be taped for use in the supervision process. In each instance, I understand that my therapist will notify me beforehand if s(he) is taping our session.**

**I understand that the tapes will remain confidential and that no identifying information will be provided which could be used to identify the client(s) in the sessions. I reserve the right to request to either request the tapes or ask that the tapes be destroyed after they are used for the supervision process.**

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**Date:** \_\_\_\_\_