LIU POST
COLLEGE OF EDUCATION, INFORMATION & TECHNOLOGY
DEPARTMENT OF COUNSELING AND DEVELOPMENT

EDC 668, Pre-Practicum and EDC 669, Counseling Practicum

INFORMED CONSENT FOR CLIENT TAPING

I understand that my counselor-in-training is a graduate student-in-training.

I understand that my helping session(s) may be audio or videotaped for training and supervisory purposes; that only my counselor-in-training and those involved in the course will review any tapes; and that confidentiality will be strictly maintained in accordance with the law. Recordings will be destroyed in a timely manner.

I understand that all information shared in this session will be kept confidential, with a few key exceptions:

(a) Professors and classmates may listen to the session or read transcripts of sessions (transcript will have no identifying information);
(b) Intention to harm self or others, as required by law;
(c) Reasonable suspicion of current or previous child abuse or neglect, as required by law; and,
(d) Court orders

With the understanding that I may withdraw my consent to the above conditions at any time, I grant my permission to participate in the sessions(s) and to be audio/videotaped by the counselor-in-training whose signature appears below.

In case of emergency, please contact:

Name_____
Address_____
_____
Relationship to Client_____
Telephone numbers_____

Print Client's Name: Date:

Print Client's Address: Date:

Print Client's Telephone Number(s): Date:

Signature of Client: Date:

Print Counselor-In-Training Name: Date:

Signature of Counselor-In-Training: Date:

Parent/Guardian Name/Signature (if applicable): Date:

University Instructor: Date: