## PERMISSION TO VIDEO/AUDIO TAPE COUNSELING SESSIONS

(Initials)

In order to improve my, or other therapist's, counseling skill I typically record sessions. If you are comfortable with this I need your written permission. You are free to say no. If you agree, you may, at any time you change your mind we can stop recording.

I give permission for Rebecca Jorgensen to record our counseling sessions for the following use. Circle and initial the option agreeable to you.

1)	Only for Dr. Jorgensen's review outside of sessions.		_	-	
2)	For Dr. Jorgensen's use in peer supervision meetings			-	
3)	For Dr. Jorgensen's use in consulting with your referring, or follow-up, therapist.			-	
4)	For Dr. Jorgensen's use in supervising, or consulting with, other therapists.				
5)	For research purposes.			-	
6)	For Dr. Jorgensen's use in teaching graduate students or in professional training workshops.			-	
7)	All of the above.			-	
way (e	rstand that my confidentiality will be protected. If a supervisee or excluding your referring or follow-up therapist), they will not view infidentiality as per standard professional guidelines.				
Client:		_			
	(Signature)				
Name:	(Print)				
Client		_			
Vame:	(Signature)				
variic.	(Print)				
Rebec	ca Jorgensen, PhD:				
Date: _					