Form 6

OREGON STATE UNIVERSITY – CASCADES CAMPUS

MS IN COUNSELING – Clinical Mental Health Counseling

Informed Consent for Video/Audio Recording

Student Information		
Student Name:		
Practicum/Internship Site:		
Academic Degree: MS	**Program: Clinical Mental Health**	**Course:**

Site Supervisor Information	
Site Supervisor's Name:	**Title:**
Phone:	**Email:**

University Supervisor Information	
University Supervisor's Name:	**Title:**
Phone:	**Email:**

Informed Consent for Audio/Video Recording

As a graduate student, I am required to be under the direct supervision of qualified clinical supervisors. My supervisors review all aspects of the services that I am providing to you. You have the right to know the name of my supervisor(s) and how to contact her or him. This information is listed above. In addition, as part of my program and clinical supervision requirements, I electronically record my counseling sessions. These recordings are reviewed during clinical supervision for the purposes of facilitating my learning and effectiveness as a developing counselor. Recordings are kept secure and confidential, and they are never shared with any person who is not part of the OSU Counseling program. Recordings are erased after the clinical requirements have been met.

Your signature (as the client/and parent or guardian) below confirms that this form has been explained to you, and that you understand the following:

- I am not required and I am under no obligation to have counseling sessions recorded.
- I may withdraw my permission at any time during or after the recording session. My care will not change by my decision not to be recorded.
- I have the right to review my recording(s) with my student counselor during a counseling session.
- My student counselor receives supervision both at this location and by the faculty at Oregon State University Cascades.
- The contents of this recording will remain confidential within the supervision at OSU Cascades.
- Recordings are erased after the clinical requirements have been met.
- I may revoke this consent at any time by submitting to the student counselor a request to withdraw my (as the client, parent/guardian) permission.
- The original copy of this consent form will be kept in my records with this agency.
- This recording will only be used as a tool to help my student counselor in assisting me or my family.