



A Division of the Center for Rural Psychology
P.O. Box 8071, Elburn IL 60119
630/365-0899

CONSENT TO HAVE SESSIONS RECORDED OR OBSERVED

One of the ways that Heartland Counseling seeks to provide the best possible care is through individual and group supervision and consultation on all of the work that we do. That consultation is even more effective if a counselor is able to listen to his/her sessions, or have a supervisor or colleague listen to or observe a session. Please give your consent to have your sessions recorded and/or observed (through a two-way mirror or on videotape). Recording may not occur at every session. Please understand that if you refuse to allow your sessions to be recorded this might preclude the option of working with a student therapist.

I/We hereby give consent to:

have audio and/or video recordings made of my/our meetings with my therapist. My/Our understanding is that any recordings are for the Therapist's review and for review by the Therapist's supervisors, students, teachers and/or treatment team. The recordings are to be used strictly in accord with accepted professional standards for psychologists and other mental health professionals. As with other professional client materials, the resulting recordings will be kept in a secured manner and destroyed when they are no longer needed.

have my/our session with my/our therapist observed by supervisory staff.

I/We acknowledge that any questions about the recording policy have been discussed with the Therapist and that this consent is offered voluntarily.

Signature of Therapist

Date

Signature of Client

Date

Signature of Client

Date