

Jaime Armstrong, RP

AUDIO/VIDEOTAPE RECORDING CONSENT FORM

I, _____, understand that my counselling sessions will be recorded via audio/video tape in order to allow for session documentation as well as for training purposes. I further understand that confidentiality of all recorded sessions will be maintained. Only the psychotherapist and supervising mentors will have access to the recorded sessions in effort to review for instructional purposes.

My signature below indicates my understanding of and consent for recording sessions:

Client Signature

Date

Jaime Armstrong, RP

Date