

SAMPLE RELEASE FORM FOR RECORDING COUNSELING SESSION OF A MINOR CLIENT
(INSERT ON SITE/AGENCY LETTERHEAD AND RETAIN IN CLIENT'S CHART ONCE SIGNED)

Site/Agency Name:

Site/Agency Address (Street/City/State/Zip):

Clinical Professional Counseling Fieldwork Site Supervisor Name & Credentials:

Clinical Professional Counseling Practicum or Internship Student Name:

Client Name :

Parent/Legal Guardian of Client:

Client Address (Street/City/State/Zip):

We, the minor client named above and parent/guardian of named minor client, give our consent to the counselor-in-training named above to audio/video/electronically record counseling sessions with named minor client. We understand that the above-named counselor-in-training is a graduate student in the Department of Counselor Education & Family Therapy at Central Connecticut State University. We understand that the counselor-in-training is a graduate student of clinical professional counseling and is not yet licensed; however, we are aware the student is under the supervision of qualified clinical supervisors. The recorded counseling sessions, therefore, will be used solely by the student for the educational purposes of receiving specialized training, clinical consultation, and professional advice.

Furthermore, we understand that the counselor-in-training named above will share the recorded counseling sessions with the authorized parties identified below, who may listen to and/or watch the recordings for the purposes of direct clinical training. Any person (i.e., counselor-in-training/site supervisor/counselor education faculty member/fellow counselors-in-training) listening to these recordings understands that the names and information contained within the recording will remain strictly confidential. We understand that sharing a recording of a portion of the session will be treated exactly like a counseling session and confidentiality will be maintained by all practitioners involved. By providing written consent to record the counseling sessions, we recognize that the above referenced student of clinical professional counseling will be authorized to share the content—in individual and group supervision formats—with the following parties:

- On-site supervisor (an experienced counselor)
- Academic supervisor (a professor of Counselor Education at CCSU)
- Fellow student colleagues (other counselors-in-training who are enrolled in the supervised clinical professional counseling practicum or internship fieldwork training course)

This authorization shall remain in effect until such time as we cancel the authorization in writing.

NOTE: If the client/student is under the age of 18 years, a parent or legal guardian must sign below.

Minor Client's Signature / Date: _____

Minor Client's Parent/Guardian Signature / Date: _____

Counselor-in-Training's Signature / Date: _____

ATTN. COUNSELING STUDENT: A signed/dated release form **MUST** be obtained for each client prior to recording any part of a counseling session. These recordings may not be used for any other purpose without explicit written consent of the client and of the parents/legal guardians of a minor client. The recordings are to be erased or destroyed by the end of the practicum/internship course.