

## **APPENDIX O: Client Consent for Observation (Practicum) and/or Video Recording (Practicum/Internship)**

I hereby give my consent to be observed, or audio/video recorded. I understand that I will be informed whenever I am being observed or recorded. The purpose of this recording or observation will be for professional education, treatment, or research. The information recorded or observed will be treated with the same rules of confidentiality that apply during any other session. That is, the information will not be released to anyone without prior written approval, unless such other us is specifically authorized by law. All persons who might view such sessions (outside of the counselor and other clients in the same session) will be professionals and students.

I understand that I may withdraw my consent at any time.

Signatures:

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
(If client is a minor)