

APPENDIX D

**Permission to Audio/Videotape
Consent Form for Use in
Individual and Clinical Team Supervision**

This is to confirm that I give my consent to _____, who is a counseling intern student with the Department of Counselor Education at The College of New Jersey, to audio/videotape any or all of our counseling sessions at

_____, _____,
(School/Agency) (Address)

for the purpose of supervision, consultation, and training. I further understand and agree that these taped recordings may be reviewed with supervisors and a clinical team at one or both of the institutions noted herein and that these taped recordings will be erased immediately following such reviews to safeguard the confidentiality of these counseling sessions.

Client/Counselee Date

Legal guardian (if required by age or other life circumstance) Date

Counseling Intern Student Date

Site Supervisor Date