

Eastern Kentucky University Counseling and Educational Psychology

PERMISSION TO RECORD/OBSERVE

I, \_\_\_\_\_, hereby give my

(Name of Client/Guardian)

permission for the use of video- recording devices, as well as observation through a one-way mirror\_\_\_\_\_ during my counseling session with

\_\_\_\_\_ at/from Eastern Kentucky  
University (Name of Student Counselor)

in conjunction with

\_\_\_\_\_  
\_\_\_\_\_.

(Site Name and Address)

I understand that any information obtained during counseling sessions through these means will be used solely for the purpose of supervision by my counselor's supervisor(s), and that otherwise this information will be kept strictly confidential.

This authorization will expire on \_\_\_\_\_ or when I  
(Date)

terminate my counseling with the above named counselor. I also understand that any taped material will be summarily erased after supervision has taken place.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

