# Consent for Supervision and Recording Sessions

***(Appendix H)***

***Purpose of this Form:***

To obtain written permission that will allow me to engage in supervision regarding your case and to record our sessions for my learning purposes.

***Why Supervision?***

Since I am a student in a graduate counsellor training program, it is a requirement that I have weekly supervision.

***Supervision Methods:***

There are three types of supervision that are integral to my learning how to become a competent master level counsellor: Live observation, case review, and recording my counselling sessions. These methods ensure quality service to clients and provide me with valuable feedback on my skills as a counsellor.

***An example of what my supervisor may ask me to bring to supervision:***

*“Please bring a 10 minute recording of what you believe you did well in session and another   
10 minutes recording of what you could have done differently”.*

***Your PRIVACY is protected*!** Everyone that supervises me or attends my peer supervision group is bound by a strict professional Code of Ethics; therefore, each person attending supervision with me is ethically obligated to never discuss your situation once the supervision session is over. Your privacy is very important to me and I will protect it.

***My Supervision Team:***

|  |  |
| --- | --- |
| **Main Supervisor** | Name/Qualifications:  Office Phone Number:  *(This person will have full access to your client file and will watch the vast majority of my client recordings.)* |
| **Backup Supervisor** | Name/Qualifications:  *(When needed or relevant, this person(s) will have full access to your client file and my client recordings.)* |
| **Agency Peer Supervision Group** | I can provide you with a list of who is in this group – please ask anytime.  *(To protect your privacy: Your last name will NOT be revealed. No one in this group will have access to your file. I will only share relevant clips from my client recordings. e.g., I have been instructed by the supervisor to bring a 10 minute clip to show my peers how I taught a client to relax).* |
| **University Peer Supervision Group** | Instructor:  Phone:  *(To protect your privacy: I am NOT permitted to mention your name or state any information that will reveal your identity to my classmates or to my Instructor. I am NOT allowed to show your case file or play any recordings of our sessions to this group.)* |

***What types of recordings are made?***

Audiotaping (voice only), videotaping, or both. Videotaping will record our faces, bodies and voices. If you do not want the front of your body recorded, I can angle the camera so it is not focused on you. You can check the camera at any time to make sure I am only recording what you want recorded

***Where is the recording stored and for how long?***

Recordings will be kept in a locked agency cabinet (accessible only to myself and my supervisors). I may put your recording on a memory stick, NEVER ON MY COMPUTER, but the memory stick will always remain at the agency under lock and key when the file is not in use. Client tapes are not kept in a client file since it will not be a permanent file item. I will not record your name on the tape – just a code. Recording are erased within 14 business days of the recording being made. If you would like to observe me erasing the recording, please let me know.

***What are my rights if I give consent for supervision and taping?***

* You have the right to withdraw your consent for supervision and/or recording at any time. There are some consequences associated with withdrawing your consent – see below.

*You have a choice to give consent for supervision and to be recorded. If you choose not to give consent or if you withdraw your consent, I may not be able to work with you since I am a student learning to be a master level counsellor and I require regular feedback on my skills. If I am not able to work with you, I will consult my Supervisor to obtain a referral for you to another counsellor (a referral to another counsellor may take a number of weeks).*

* You can receive a verbal summary of my supervision session when I discuss your case. Please ask me when you would like this information.
* You can decline live supervision (where my Supervisor or agency peers observe one of our sessions) as I would then tape our session.
* You have a right to know when I am recording our session (there will be no “secret” recordings) and to stop the recording at any time, even in the middle of a session.
* You have the right to report your concerns in how I am recording or using the recording. To do so, please contact one of my supervisors, the agency’s director/manager, or my Instructor.

***What are the risks and benefits of recording?***

Some of the risks might be that you experience some nervousness knowing that supervisors and my peers may become aware of your struggles and strengths. You may also find it difficult to share things when we record a session. If you like, a session may be used to view or listen to a recording of one of our sessions. This would be subject to my Supervisor’s approval as sometimes watching ourselves on tape can be upsetting or triggering.

Some of the benefits are that I will likely be able to offer you more effective counselling services because I will be able to receive supervision about how I am working with you. It is as if you are getting more than one counsellor to help you! You are also helping me gain competency so I can be of help to other clients. And, if you view one of your tapes, you might gain some new information about yourself and/or the counselling experience.

*This consent form supplements the agency consent form that outlined your rights as a client seeking counselling including when your privacy cannot be guaranteed (e.g., you tell your counsellor a child is at risk for abuse).*

***Do you have questions?***

Your questions and comments about this consent form are welcome before you sign and anytime thereafter. You are also welcome to have a copy of this form. The signed copy will be placed in your client file. The information on this form is meant to clarify why your permission is being sought and what your rights are surrounding this request.

**Consent for Supervision and Recording Sessions**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Counsellor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I:**

I, **the Student Counsellor**, have discussed the issues outlined in this form with my client. My observations of my client’s behavior and responses give me no reason to believe that this person is not competent at this time to give informed consent. Further, I agree to protect the privacy of this client’s recordings, never take the client’s file or tape off site without the consent of both the Supervisor and the client, and to destroy all recordings after 14 days.

*I am in agreement to the above statements (Student Counsellor’s initials): \_\_\_\_\_\_\_.*

**Part II:**

This consent form, which grants permission from the client for the Student Counsellor to seek supervision and to record the counselling sessions, will expire 30 days after the client’s *last* session or by:

*Expiry Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Part III:**

I, **the client**, understand I have rights worthy of being protected when my case is supervised and my sessions are recorded. Some of my rights include but are not limited to: *(Client please initial each point)*

|  |  |
| --- | --- |
|  | I have the right to have my questions answered regarding ANY of the information in this consent form during any session with my Student Counsellor. I also have the right to report any concerns about my Student Counsellor. |
|  | I have the right to ask my Student Counsellor to stop the recording at any time, even in the middle of a session. I have the right for my face not to be shown on tape. |
|  | I have the right to withdraw my consent for supervision & recording of my session, at any time. If I evoke this right I realize there are consequences such as I may need to be transferred to another counsellor. |
|  | I have the right to know the main risks and benefits of giving consent for supervision and recording of my sessions. |
|  | I have the right to expect my Student Counsellor to protect the security of my case file and the recordings of my sessions. |
|  | I may decline being recorded to avoid the recording being listed on a subpoena if I am (or anticipate that I will be) involved in legal issues related to why I am seeking counselling. |

**Part IV:**

Please note any conditions to this consent in the space below or on the back of this form. To be valid, each condition should be initialed by the client and signed by the Student Counsellor and the main Supervisor.

**Part V:**

*My signature below verifies that I, the client, give consent to my Student Counsellor* *to: (i) seek supervision regarding my case, and (ii) record our sessions (and/or observe live sessions) for the purposes described, and under the conditions outlined. I have read this three-page document and understand what is being asked of me.*

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*Client Signature Date*

A copy of this consent form has been provided to client: 🞏 yes 🞏 no, client declined a copy

The original copy of this consent will be put in the client’s file: 🞏 yes

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*You are welcome to reproduce this consent, provided the full reference is used. McBride, Dawn (2010, September). Seeking your consent for supervision and to record our sessions. Unpublished manuscript. University of Lethbridge, Canada. Material for this consent form was compiled from a variety of sources including the Center for Addiction and Mental Health (2003, March). Audio, Video and Photography Consent and Zuckerman, E. L. (2008). The paper office. New York: Guilford Press.*