

Ebenezer Counseling Services

Permission to Record Sessions

To ensure the integrity of the services provided to you by Ebenezer Counseling Services (ECS), sessions conducted by practicum students or interns or Master's therapists working toward licensure are audio or video recorded. Portions of the recording will be used for the purpose of supervision by the student's or therapist's supervisor(s).

I give my permission for _____ (my intern/therapist) to audio/video record my counseling sessions. I understand that I may request that the recorder be turned off at any time and may request that the recording or any portion thereof be erased. I further understand that the purpose of the recording is for supervision purposes only and that after supervision the recording will be recorded over or erased. These recordings may not be used for any other purpose without my explicit written permission.

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____

Print Name: _____