PERMISSION TO AUDIO OR VIDEO TAPE COUNSELING INTERVIEWS

I hereby give permission to ______________________________________________, (COUNSELOR’S NAME)
a counselor-in-training at Syracuse University who is completing clinical requirements at
________________________________________, to make audio and/or video tape recordings of our
counseling interviews. I understand that these tapes will be used only for the purpose of providing
clinical supervision to the counselor-in-training, either at Syracuse University or in the student’s clinical
placement. Any person involved in providing or receiving clinical supervision is bound to the same
ethical principal of confidentiality as professionals providing counseling. All tapes of counseling sessions
will be erased no later than the end of the present academic semester. Any exception to this last statement
would require an additional permission form to be signed by the client and counselor.

___________________________________ (SIGNATURE OF CLIENT)  _____________________________________ (SIGNATURE OF WITNESS)
___________________________________ (DATE)  _____________________________________ (DATE)

IF THE CLIENT IS A MINOR (UNDER 18 YEARS), HIS/HER PARENT OR LEGAL GUARDIAN MUST ALSO SIGN THIS AGREEMENT.

___________________________________ (PARENT OR LEGAL GUARDIAN)  _____________________________________ (DATE)