



School Counseling
**Counseling & Audio/Video Taping
Release Form**

University Student Name _____

Cohort # _____ Cohort Location _____

Participant's Name _____

**Counseling and Audio/Video Taping
Release Form**

The student listed above is enrolled in a Counseling Practicum class at Concordia University Chicago. The practicum students are required to audio or video tape counseling sessions. The recording is being done for educational and instructional purposes only and may be reviewed by the CUC student's site supervisor, university supervisor, and classmates who are also in the same practicum class. Information about participants, including case records, is confidential and will be released only under the following conditions:

- a) The CUC student is using case records for purposes of supervision, professional development and training. In such cases, to preserve confidentiality, participants will be identified by first names only.
- b) The CUC student and/or any of the CUC student's supervisors determine that the participant is a danger to himself/herself or to someone else.
- c) The participant discloses abuse, neglect, or exploitation of a child, elderly, or disabled person.
- d) The participant discloses sexual contact with another mental health professional with whom the client had/has a professional relationship.
- e) The CUC student is ordered by a court to disclose information.
- f) The participant directs the CUC student to release the client's records.

All audio and video tapes made will be destroyed at the conclusion of the CUC student's completion of the course. Your signature below indicates that you understand the purpose of these recordings and the manner in which they will be utilized (for counseling instruction). Your signature also serves as your consent to have the sessions audio and video taped.

Your refusal to consent will not interfere with your rights to receive counseling and you may revoke your consent at any time.

Participant _____
Date

Parent/Legal Guardian Signature if Applicable _____
Date

CUC Practicum Student Signature _____
Date