



**Client Consent for
Recording
Form**

Completed for and to be kept in the client's agency file.

_____ (name of agency) often finds it helpful to make recordings of sessions between its workers and clients. The recordings are used as valuable tools for education and supervision purposes. They are also helpful when played back to client(s).

_____ (name of agency) recognizes that clients have a right to decide whether or not they wish to have a session recorded. The recordings are made only with client consent. Special consideration will be taken for concealment of client identity in the use of video recordings.

I hereby grant _____ (student) permission to make:

(check all that apply)

___ an audio recording ___ video recording

of interview(s) held with myself and/or my family provided that such recording will be used solely for educational or therapeutic purposes.

I give my permission for this recording to be seen by: (check as desired).

_____ the social work student and student's Field Supervisor

_____ other student(s) and staff associated with the agency

_____ the social work student's Faculty Liaison

_____ the social work student's class in the School of Social Work

This recording should be:

Erased by: _____ Kept for educational purposes: Yes _____ No _____

I understand that the need or confidentiality will be explained to the viewer(s) prior to use of this material.

Signature of Client

Date

Signature of Student

Signature of Field Supervisor