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