

## Video Release Form

### Hickory Grove Counseling Center

7200 E WT Harris Blvd.

Charlotte, NC 28215

Phone: 704-531-4034

Fax: 704-531-4069

My supervisor requires me to audio/video record counseling sessions. I hold the content of the recording to same confidentiality standards as stated in my professional disclosure statement.

- The video is for my continued learning.
- It is only for supervisor, professor, and internship class purposes.
- If at any point, you want to stop the recording, I will.
- Once the session is viewed, I destroy the video.
- The session will only be viewed if I have learning questions.
- This is for your benefit as it allows seasoned counselors to assist in your treatment.

If you are willing to comply with the audio/video recording, please sign below.

Client Printed Name: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_