

Form K-Internship

CONSENT TO BE OBSERVED OR TAPE REOCRDED AND STATEMENT

I, \_\_\_\_\_, give \_\_\_\_\_  
*Client\* or Client's Parent or Guardian* *Counselor*

a student in the Graduate Program in Counseling at Portland State University permission to audio/video tape our counseling sessions, and/or have visual records and observations of me. The contents of the tapes may be reviewed with an internship supervisor, counseling faculty, supervision group and Oral Board committee members, and are considered confidential.\*\*

I am in agreement that the primary use of these recordings and observations is to increase the effectiveness of the student's counseling by provision of instruction and feedback. I am also in agreement that the materials abstracted from these recordings may be used and published for the purpose of treatment, education, and/or research in the interest of the advancement of school and community counseling programs. Furthermore, I understand that my name shall not be used in connection with these recordings or the materials abstracted from them. I agree that the material from these recordings cannot and will not be used for any purpose other than those specified above. Recording and/or utilization of materials under the terms of this signed consent shall not be subject to legal action.

I understand that my counselor is a graduate student in counseling, is not yet licensed and is under the supervision of a qualified supervisor.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Counselor Signature*

\_\_\_\_\_  
*Signature of Parent/Guardian if Client is a minor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*  
*(Campus Supervisor or Internship Site Supervisor)*

\*The term "client" as used herein refers to any person receiving services including students, parents, teachers, or patients.

\*\*Clients have the right to confidentiality. Information revealed will remain within the professional setting. There are, however, legal exceptions to this right; information must be divulged

- (a) when ordered by the court, or
- (b) when the counselor and his or her supervisor determine that an individual may present a threat to self or others.

*Oregon law requires the report of any known or suspected instance of child or adult abuse or neglect. It is understood that all information disclosed within these sessions will otherwise be kept confidential and will not be released to anyone outside of the agency without written permission, except where disclosure is required by law.*

NOTE: A signed and dated permission form MUST be obtained for each client on and off campus, prior to any taping (audio or video).