Northeastern State University
CONSENT FORM FOR TAPING

To the client:
Your counselor is a counseling student who has completed most of the required coursework for a graduate degree in counseling at the Northeastern State University (NSU). Your counselor has successfully completed the coursework and training required by national standard to be prepared to provide counseling services. The NSU graduate program in Counseling's faculty and students adhere to the American Counseling Association (ACA) Code Ethics and Standards of Practice.

Such standards require graduate students to participate in training Practicums during which experienced faculty supervise them. The 2005 ACA Code of Ethics requires that persons receiving services from counseling students are aware that the students are being supervised. Counseling students receive supervision by more experienced counselors at the NSU graduate counselor training program. In keeping with the 2005 ACA Code of Ethics, all records of counselor services provided are considered confidential professional information. There may be a rare exception to this policy such as if a participant should express intent to harm himself or herself or someone else, or if the counselor trainee is ordered to court or required by law to disclose information, as in child abuse or child custody cases.

Counseling students are required to demonstrate their skill in interactions with clients by providing supervisors work samples in the form of recorded tapes of counseling sessions. Counseling students may request permission to record counseling sessions with audio or videotaping equipment. These tapes are intended to enhance their professional training and improve the services you receive. If you agree to be taped (audio or video), these tapes are also considered to be confidential professional information and will be protected by the counseling student and the supervisors of the counseling student in keeping with the 2005 ACA Code of Ethics. The only time this confidentiality may be breached is at your request or when required by law.

I, the undersigned, hereby acknowledge that I have read and understood the information presented above and that I agree to receive counseling services from this student.

_____
(Signature of Client)

_____
(Signature of Parent/Guardian)

_____
(Signature of Counseling Student)

In addition, I do ____ / do not ____ (Check one) grant permission to allow these counseling sessions to be taped. I understand that only counseling student supervisors and counseling students will be allowed to review these tapes and that these tapes will be subject to the same standards of confidentiality as all counseling records as specified by NSU and the laws of Oklahoma. I understand that I may withdraw this permission to tape at any time.

_____
(Signature of Client)

_____
(Signature of Parent/Guardian)

_____
(Date)