Red Spruce
MENTAL HEALTH CENTRE

Consent to Audio/Video Record

To Clients and/or Parents/Guardians:

My name is _____ and I am a practicum student in Acadia University's Master of Education Counselling Program. I currently am engaged in a practicum placement at the Red Spruce Mental Health Centre under the supervision of Dr. Tanya Surette (tanya.surette@acadiau.ca).

I am providing counselling services to you and/or to your child and I would like your permission to record the session for supervisory purposes. In addition to taking all necessary steps to ensure confidentiality of your/your child's interview, the only people who will hear/view the recordings are:

- Dr. Tanya Surette, my practicum site supervisor,
- other M.Ed. Counselling practicum students who are currently enrolled in my group supervision class, and

You/your child will not be recorded without your/your child's knowledge. When video recording, the camera will be directed at me only and you/your child will not be visible. In addition, all recordings will be erased by the end of the practicum. This consent will expire on the last day of my practicum, which will be on or before _____, unless you revoke your consent before that time. If you agree to my recording of sessions, please sign on the appropriate line below. Please remember that you/your child will continue to receive counselling services whether you agree to recorded sessions. If you have any questions, please do not hesitate to reach me at intern1.redspruce@acadiau.ca or my supervisor, Dr. Tanya Surette at tanya.surette@acadiau.ca

Thank you for your consideration of this request that will enhance my learning and counselling performance and help me to provide the best programs and services possible.

_____ ***I agree*** to the conditions of recording as outlined above and **give my permission** *for recording:*

_____   _____
Client/Parent/Guardian Signature   Date

_____   _____
Client/Parent/Guardian Signature   Date

_____ ***I do not agree*** to the conditions of recording as outlined above and **do not give my permission** *for recording:*

_____   _____
Client/Parent/Guardian Signature   Date

_____   _____
Client/Parent/Guardian Signature   Date

_____   _____
Practicum Student Signature   Date

_____   _____
Site Supervisor's Signature   Date