

Guinn Healthcare Technologies, LLC

INFORMED CONSENT DOCUMENT

Video/Audio Tape

LPC Intern/Practicum Student's Name

Educational Course

Date

This is to certify that I give my consent to Guinn Healthcare Technologies and the LPC Intern/Practicum student listed above to record the voice(s) and/or image(s) of my counseling session. As a part of the requirements for becoming a LPC, she/he will be working with clients under the supervision of Guinn's licensed staff members.

The purpose of your participation in the video is for the training process only as an educational tool for the teaching of the student. Videotaping is a commonly used tool which provides important feedback to the instructor for direct observation of the student's performance. The tape will be submitted to the trainer who will view it and give the guidance to the student. At times, other students in the trainers' education program may view parts of the tape in order to provide peer supervision. The student may include portions of the tape in his/her portfolio, which will be evaluated by other faculty at a later time.

Confidentiality

This recording like all other case documentation will be kept private and secure location. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Records will be kept in a locked file, and access will be limited to the afore mentioned responsible members for protecting human participants, regulatory agencies, sponsors and funding agencies.

[Tape or video recordings made will be retained until the close of student's active sessions, and will be erased/destroyed accordingly.]

Statement of Consent

I have read the above information. I have received answers to the questions I have asked. I consent to participate in the audio/video recording portion of this training process. I am at least 18 years of age.

Below find audio and video recording checkboxes for consent, if the consent for recording is NOT given this form confirms that the LPC Intern/Practicum Student may take notes of the sessions in place of recordings.

- YES, I CONSENT to being audio/video recorded.
I also understand that I reserve the right to change my mind;***

- NO, I DO NOT CONSENT to being audio/video recorded.***

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____