Counseling and Development Program
Community Agency
Practicum and Internship

POLICIES REGARDING USE OF AUDIOTAPE-RECORDED INTERVIEWS

- Interviews may be recorded only with written permission of client or parent (if client is a minor).
- Interviews may not be recorded for personal use.
- Last names of client must not be used on tape.
- Where material on tape may be damaging in any way to client, identifying names or places should be erased.
- Tapes are for the sole purpose of instruction of Student Counselor by University Supervisor, On-Site Supervisor, and in-class critique of Student Counselor’s counseling skills. All discussions of tapes are to be kept confidential.
- Tapes containing interviews must not be left where unauthorized individuals can obtain them.
- All tapes must be erased/destroyed at the end of the course.
GEORGE MASON UNIVERSITY
Counseling and Development Program
Community Agency Counseling
Practicum and Internship

NOTE: Sessions will be recorded only with the knowledge and written consent of the counselee or custodial parent, in the case of a minor.

Taping of the counseling session will enable the Student Counselor to have an additional opportunity to review the session and plan for future sessions. If you agree to allow counseling sessions to be taped, your counselor, her/his On-Site Supervisor, and the University Supervisor will screen the recordings at George Mason University.

If the recordings are not considered appropriate for use in the counselor-training program, or if it is believed that you might be identified even after the erasures of names that you might have mentioned during the sessions, then the taping will be immediately erased. Every attempt will be made by your Student Counselor and her/his supervisors to ensure that you will not be identified.

The recording of sessions is considered to be of mutual benefit. Your cooperation would be appreciated.

I have read the above and I give my permission for ________________________________ to tape record our counseling sessions as described herein.

(Student Counselor’s Name)

Date: ______________

Signature of counselee/client: _________________________________ Age: _________

IF THE COUNSELEE IS UNDER AGE 18 YEARS OLD, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

I have read the above and I give my permission for ________________________________ to record counseling sessions with my child: ________________________________

(Student Counselor’s Name) (Counselee’s Name)

Signature of Parent/Guardian: ________________________________ Date: ___________

Address: __________________________________________

(Street) (City) (State) (Zip)

Telephone: _____-_____-__________