



Client Consent to Audio/Video Recording

I, _____ hereby give my permission to KW Counselling Services to record audio and/or video of my counselling session(s).

this one time only

for the period of _____ from the date of my signature.

I understand:

- that the audio and/or video recording(s) will be erased or destroyed after use.
- that the audio and/or video recording will be viewed by _____
- that I can withdraw my consent at any time.
- that if I decline this that it in no way impacts my right to receive service.
- that the purpose of this recording and consent is solely for:
 - Student/trainee learning and supervision
 - Staff learning and supervision
 - Other purpose (please specify) _____

My signature on this form indicates that I have reviewed the above, had an opportunity to ask questions, and indicates that I consent to the audio and/or video recording.

Client Name	Client Signature	Date of consent
Witness Name	Witness Signature & Credentials	Date