

INFORMED CONSENT:

Observation and Audio/Video Tape Recording

In order to provide quality counseling services, counselors in training for their master's degree in the Rehabilitation Counselor Training Program at Langston University are required to receive clinical supervision. To aid in this, counseling sessions are monitored by the use of audio/video tape recordings and/or actual observations of clinical sessions. Information from the client's clinical case file also may be reviewed. Such information will be treated in accordance with professional ethical standards (i.e. *Code of Professional Ethics for Rehabilitation Counselors*) and confidentiality will be maintained. This authorization for the use of this information expires when the client is no longer receiving services by a counselor trainee of the Rehabilitation Counselor Training Program. Information will not be released to any other agency without the client's further written consent.

"I understand that I am not required to participate in this counseling program, but am giving my consent to the matters noted above as a free and voluntary act."

Date

Signature of the Client

Date

Signature of the Counselor

Date

Signature of a Witness

RIGHTS REGARDING CONFIDENTIALITY

The counseling services offered to counselors in training for their master's degree in the Rehabilitation Counselor Training Program at Langston University are confidential. This means that we do not release any information about you to any persons who are not directly involved in clinical supervision without your written consent. Danger to self and/or others (i.e. suicide or homicide) may necessitate the breaking of confidentiality without your consent. In addition, by law, we must report suspected child abuse and/or neglect communicated to us by you.

"I have read and understand my rights regarding confidentiality."

Date

Signature of the Client

Date

Signature of the Counselor

Date

Signature of a Witness