



Consent for Release of Information -- Training Site Form

I ____agree ____do NOT agree (check one) to allow the audio and/or video recording of my sessions (e.g., counselling/therapy appointments, evaluation interviews, testing meetings) with _____, a student enrolled at Adler University.

The student will be supervised by _____

(Degree: _____ Registration #: _____ Professional Association _____)

The student's practicum seminar instructor is _____

I understand that the purpose of this taping is for the student's training and education at the agency where I am receiving services and Adler University. I understand that this is a routine procedure in graduate psychology training. I have been advised that I have the right to **not** have my clinical sessions recorded and that I may, at any time, change my mind and revoke this consent to have my sessions recorded without affecting my ability to receive treatment. I can revoke my consent by informing the student that I do not want to be recorded in future sessions.

I understand that my recordings may be reviewed by the student's supervisor(s) and/or used for educational discussions at Adler University and that my confidentiality will be respected in all such discussions. All possible attempts will be made to remove or change personally identifying information to protect my identity. When the student is participating in an online class format, only the audio portion of the recording will be reviewed, the audio portion being played over an end-to-end online encrypted platform.

Regardless of whether I have agreed to the audio and/or video recording of my sessions, I have agreed and do understand that the content of my clinical sessions may be reviewed by the student's supervisor(s) and/or used for educational discussions at Adler University and that my confidentiality will be respected in all such discussions. All possible attempts will be made to remove or change personally identifying information to protect my identity.

I understand that, unless I revoke my consent and specifically request to not have a session or sessions recorded, any or all sessions may be recorded. Recording may begin on the date of my signature below, and this consent will automatically expire and the recordings will be destroyed 18 months after the date noted below unless the consent is extended (by the Client or Guardian).

Client Printed Name

Client Signature

Guardian Signature (if required)

Adler University Student Signature

Site Supervisor Signature

Date

Date

Date

Date

Revised March 2021