Appendix D

Client Consent Form to Audio/Videotape Sessions
MISSOURI VALLEY COLLEGE
COMMUNITY COUNSELING PROGRAM
Client Consent Form

I, ______________________________________, hereby acknowledge that
(Name of Client or Legal Guardian)
________________________________________ is a student in a Practicum or
(Student’s Name)
Internship for the Community Counseling Program at Missouri Valley College, Marshall, Missouri.

I further hereby acknowledge that the information on an audiotape or videotape made of this
counseling session will be used solely for the purpose of training and supervision.

Finally, I understand that my identity as a client will not be divulged and that the audiotape
or videotape will eventually be destroyed and not become a part of any permanent record.

_________________________________________  ________________
Signature of Client/Legal Guardian    Date