

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