**Digital Recording Consent Form**

Because we are a training agency, many of our staff record their individual or group counseling sessions and their assessments. Such recordings have several benefits. One benefit is that your counselor may review a particular session or part of a session in order to deepen his or her understanding of the concern we are addressing. Also, counselors are able to study themselves in their interaction with you in order to improve their effectiveness. Similarly, counselors can use a recording in seeking consultation with professional colleagues within the UCC in order to provide you with the best possible help.

All UCC staff who are in training are required to record their clinical work. UCC guidelines for digital recording include:

1) You and your counselor each have the option of stopping the recording at any time.

2) Digital files are stored on a secure network and will be treated confidentially, in the same way as our conversations are treated.

3) The only persons who may review the recording are you, your counselor(s), your counselor’s clinical supervisor or other appropriate colleagues in the UCC. Recordings are viewed only within the context of providing care to you or training to your counselor.

4) When we finish working together or at any agreed upon time, all recordings will be deleted.

Other guidelines that we want to add are:

5) ____________________________________________________________________

Yes I agree to be video recorded _______ No, I do not agree to be recorded _______

Initial Initial

Your signature below indicates you have read this form in its entirety and agree to its terms.

________________________________________  ______________
Client Signature Date

I have discussed the conditions specified in the University of Utah Counseling Center Service Agreement with this client.

________________________________________  ______________
Counselor Date