

PSYCHOLOGY PRACTICUM/INTERNSHIP
Tarleton State University

Permission to Photograph/Tape/Observe

_____ I hereby give my permission to be photographed/recorded/observed for training purposes only.
(initials)

I, _____ hereby give my permission to allow an audio
(client)
recording, video recording, or direct observation of my counseling/therapy/interview/testing session
with _____ on _____.
(counselor/therapist/intern) (date)

If this session is recorded, this includes permission for _____
(counselor/therapist/intern)

to use this recording in his/her supervision meetings with the site supervisor and university supervisor.

I understand that this in no way releases the counselor/therapist/intern to use this recording and the information thereon in relation to verbal or written material given to anyone other than the practicum/internship supervisor or director.

SIGNATURE: _____
(client or legal representative)

COUNSELOR/THERAPIST/INTERN: _____

DATE: _____