

# ISU-Meridian Counseling Clinic

Health Science Center · 1311 E. Central Drive · Meridian, Idaho 83642 · 208.373.1719



## Consent to Videotape

I, \_\_\_\_\_, give my permission to \_\_\_\_\_ to video record the group counseling sessions.

I understand that the group facilitators are graduate students in the Master of Counseling Program at Idaho State University-Meridian Center. I understand the recordings will be reviewed by licensed clinical professional counseling faculty supervisors at Idaho State, both to insure the quality of care being provided and to train Master's level group counselors. I understand that ISU-Meridian Center counseling students are knowledgeable about and ethically bound by the standards of confidentiality and that all tapes will be erased following supervision.

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Group Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

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Group Facilitators' Signatures \_\_\_\_\_ Date \_\_\_\_\_

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Group Facilitators' Signatures \_\_\_\_\_ Date \_\_\_\_\_

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Group Facilitators' Signatures \_\_\_\_\_ Date \_\_\_\_\_