

CCS7/F13 CONSENT TO AUDIO RECORDINGS OF COUNSELLING SESSIONS

Client Name:			
<p>I consent to.....making audio recordings of our counselling sessions.</p> <p>It has been made clear to me that:</p> <ul style="list-style-type: none"> • I can say NO • It is not a requirement of continued counselling in the Community Counselling Service that I should agree to such recordings • I have a right to know who will listen to the recordings, and to what use the recordings will be put • I may withdraw my consent to such recordings at any time in the future or at any point in any of the counselling sessions • I have a right to be given the original and any copies of such a recordings whenever I request this • I have a right to see a copy of written feedback that has been made on such a recording 			
Client Name		Signed	
<p>I agree to record the sessions under the terms set out above, and that I have explained them to..... I believe that they have consented meaningfully and without duress.</p>			
Counsellor Name		Signed	
<p>..... has discussed with me the above request, and I agree that..... may be asked.</p>			
Director of Counselling		Signed	