



Authorization for Audio/Visual Recording/Observation

Services through the Talley Family Counseling Center (TFCC) are provided by master's level counselors-in-training. The counselors-in-training receive training in mental health and family counseling from faculty members in the Department of Counseling and Student Affairs.

The clinic is a teaching and research facility. For training and research purposes and to ensure that you receive the best services possible, we request your permission to record counseling sessions using audiovisual equipment, and/or observe in live observation.

I/we authorize Talley Family Counseling Center to use any recordings of myself/ourselves and my/our family for the purpose of: review by the counselor, peers, research, and/or teaching. Upon written notice, I/we may have any or all audiovisual recordings erased, and/or restrict their use to one or more of the above purposes.

Client/Parent/Guardian (circle one): _____ Date: _____

Client/Parent/Guardian (circle one): _____ Date: _____

Other participants: _____ Date: _____

_____ Date: _____

_____ Date: _____

Witness to signature(s) _____ Date: _____