



Master of Arts in Counseling
1200 Park Road
Harrisonburg, VA 22802

I, _____, offer my consent to be video-taped during counseling interviews. I understand that the tapes will be listened to or viewed by counseling / faculty supervisors and a small group of graduate students for the purpose of counselor training. The intention of the taping is solely to address **counselor skills**, not client issues. I am aware that the tapes will be erased after training exercise is complete and that confidentiality will be strictly enforced.

It is our policy to maintain the confidentiality of students and their records. According to the law and professional ethics, there are three exceptions to confidentiality:

1. State law requires that any counselor who suspects a child may be abused or neglected must report this to the Department of Social Services. This is also true when mentally or physically disabled adults are involved.
2. If a counselor believes you are in imminent danger of harming yourself or others, disclosure of information is required as necessary to ensure your safety and the safety of others.
3. If you are involved in a legal case in which your mental or emotional health is an issue, a judge may order the release of your medical record for the court to examine. We are required to comply with a court order.

If at any time for any reason you are dissatisfied with our sessions, please inform me or the Professional Practice Coordinator. I assure you that my services will be professionally handled and consistent with accepted ethical standards. Please note that counseling is in place for your personal growth and wholeness.

Additionally, should we find that you are in need of further support; we will explore referral possibilities to the Counseling Center on campus or to clinicians in the community.

Thank you for your willingness to participate in this learning experience.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____