
Peak Resilience

Consent to Record Counselling Session



I, _____ (client), hereby give my consent to my counsellor at Peak Resilience to record our counselling sessions on the following media:

- Audio Recording
- Video Recording

I give consent for recordings to be heard/watched (to assist in the learning of counselling skills) by the following parties:

- Peak Resilience supervisor, who is an experienced counsellor/social worker/psychologist
- Peak Resilience team of experienced counsellors
- _____
- _____

I understand that the contents of all recorded sessions will be kept confidential, my identity will not be disclosed beyond what appears on the recording, and that I may choose to sit with my back to the camera to further conceal my identity during a video recording. I also understand that these recordings will be stored on a secure computer/phone when not in use and will be erased immediately after being shared in the supervisory process.

I understand that the sharing of a recording of a portion of my session will be treated exactly like a counselling session and confidentiality will be maintained by all practitioners involved. I also understand that I can withdraw this consent at any time by notifying the counsellor and that the recordings will be securely erased immediately upon my request.

Client Signature

Date

Counsellor

Professional Registration Number

Date