



Consent for Recording of Counseling Sessions

I give my consent and permission to my counselor, Sabrina Hickel, to audio or video record any and all of our counseling sessions.

Per the Counseling Agreement I signed, I understand that anonymous discussion (i.e.: my name would not be used) could take place in a peer consultation group where my counselor may consult with other licensed professional counselors.

I understand that all recording from the counseling sessions will be kept in a secure place during my time in counseling and then destroyed.

I understand that I may revoke this consent at any time by informing my counselor.

Client signature

Date

Client signature

Date

Counselor signature

Date