

NORTHEASTERN STATE UNIVERSITY

VIDEO/AUDIO-TAPING RELEASE

I, _____, hereby agree to permit video/audio tapes portraying and depicting a counseling interview to be used for instructional purposes for Practicum class in Counseling. I likewise authorize Northeastern State University to use video/audio tapes so prepared for exhibition purposes with professional guidance and counseling trainees. All use of the tapes will be handled in a professional and confidential manner within the confines of the practicum class. When the tapes have been used for instructional purposes, they will be erased. I understand that strict confidentiality will be observed with all information obtained as a result of my participation under the guidelines established by the American Counseling Association. Confidentiality will be preserved and information will be released only to qualified professionals for instructional purposes. There may be a rare exception to this policy such as if a participant should express a serious intent to harm him/herself or someone else, or if the counselor trainee is ordered by a court or required by law to disclose information, as in child abuse or child custody cases. I understand the limitations of confidentiality as out lined above.

In consideration thereof, I hereby expressly waive any possible claim on my part of remuneration or damages in any form in connection herewith.

Participant's Name (print)

Participant's Signature

Date _____

Parent's or Guardian Signature
