

JOURNEYS COUNSELING MINISTRY

**VIDEO TAPING RELEASE**

Client \_\_\_\_\_ Date \_\_\_\_\_

Therapist \_\_\_\_\_ Session # \_\_\_\_\_

\_\_\_\_\_ (Therapist) and members in clinical training in Marital and Family therapy working under the direct supervision of \_\_\_\_\_(supervisor), have my permission to view the video-taped counseling sessions of myself and \_\_\_\_\_.

I understand that my sessions will be taped only with my knowledge, will be used only for supervision purposes, and will be erased as soon as this purpose is fulfilled.

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Client Signature