

Consent for Recording by Students

I am working with a student in the _____ program
 at (school) _____

and as part of their program the student is required to conduct a therapy/ counselling session under supervision. The student is asking for my consent to record the session which will be reviewed by their faculty instructor and limited number of peers to assess the students competency. The recording will contain my [check all that apply]:

- Name
- Image, photograph
- Voice
- Statements

Recordings are securely stored within the school's secure network and password protected. Recordings are deleted after they have been reviewed.

My care will not be affected in any way if I choose not to consent. I may also ask to end the recording at any time during the session.

I have been given time to consider this request and time to ask questions that I have.

I understand that I can withdraw my consent to be recorded at any time and it will not impact the availability and quality of care I am receiving from Interior Health in any way.

Client

Date (dd/mmm/yyyy)	Time ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Printed Name	Signature
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Student

Date (dd/mmm/yyyy)	Time ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Printed Name	Signature
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Manager to send completed document to studentplacement@interiorhealth.ca.

Manager/Director and Student may retain a copy