

**CONSENT TO RECORD COUNSELING SESSIONS**

I, \_\_\_\_\_, hereby give consent to my counselor,  
(client's name)

**Doug Borrmann, M.S. LAC** in cooperation with Christian Counseling Services, to audio record counseling sessions. These recordings will be used to aid the counseling process and to gain further understanding of important aspects of the treatment.

The recordings will not be included as part of the official client file and will only be shared with supervisor, **Jennifer Cecil, M .Ed, LPC**. Recordings will not be retained past the time needed for supervision.

By signing below, I acknowledge that I have discussed this procedure with my counselor, and I understand the Christian Counseling Services policy on confidentiality.

I understand that refusal to sign this form will not affect my eligibility for receiving services at this agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Minor (if applicable): \_\_\_\_\_

Relationship (circle one):                      Mother              Father              Guardian

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_