



## RELEASE FOR AUDIO TAPING

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

Clients' Names: \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to audiotape our sessions. I understand that this tape will be used only for the purpose of supervision and will be erased once the process has taken place. I understand that the tapes will be used for clinical supervision and training in which all confidential statutes will be followed.

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Date

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Client name

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Date

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Client name

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Date