

JOURNEYS COUNSELING MINISTRY

AUDIO 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 listen to the audio taped counseling sessions of _____ and myself. I understand that my sessions will be tape recorded 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