

CAPC Video Evaluation

Counseling Session- Informed Consent

By signing below, you are consenting to participate in a video- taped counseling session for the purpose of evaluating your counselor's skills. Please understand that you are free to choose how much personal information you wish to divulge during the session or to end the session at any time if you change your mind about wanting to participate.

By signing below, your counselor agrees to keep confidential all that is discussed during the session, with three exceptions: (a) information regarding current or recent abuse of a minor, (b) danger of harm to self, and/or (c) imminent danger to other may need to be divulged for safety reasons.

This video may be viewed by the BTS Graduate School of Counseling director &/or assistant director for the purpose of evaluation. Once viewed, it will be erased completely or destroyed.

I have read the above statement and freely consent to the video- taped counseling session. I understand that at any time I have the right to rescind my consent by notifying my counselor:

Counselee

Date

Counselor

Date

If counselee is a minor, parent or guardian must also sign:

Parent/guardian

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Counseling Session- Write-Up

This information below needs to be completed by the CAPC Applicant who is applying for the Fieldwork portion of the CAPC.

Name of CAPC Applicant(print): _____

Is this a mock or actual counseling session?

How many sessions were completed with client prior to the video?

Brief background on client (NO identifying info: Can include the following- Presenting problem, History, Medication, Diagnosis, Other pertinent information):

Signature of CAPC Applicant _____

Date _____