

Process Work Institute

2049 NW Hoyt Street, Portland, Oregon 97209 • 503-223-8188 • Fax: 503-227-7003

Student Supervision Client Video Release Form

The taping of the counseling sessions serves the advanced training of the therapist
_____. It will help him or her to be a better counselor for you.

Therapists Name

It will be viewed only in the confidential supervisory setting of the Process Work Institute, and then deleted.

If at any time during the process you feel uncomfortable, the video can be turned off and deleted.

We appreciate your cooperation very much.

I agree to be video taped during the session and agree that the video can be viewed during confidential supervision through Process Work Institute only.

I do not give permission to be video-taped.

Client's Initials

Client's Signature

Date