

# Process Work Institute

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## 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.

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Client's Initials

Client's Signature

Date