



## **Counseling Session Recording Agreement**

### *Permission to Record*

\_\_\_\_\_ is an LPCA (Licensed Professional Counselor Associate). She/He has completed her/his Masters' degree in Mental Health Counseling and has been issued a license by the North Carolina Board of Licensed Professional Counselors to practice as a Professional Counselor.

As part of the requirements for the license, LPCA's must record a selected amount of their counseling sessions for review by a licensed supervisor. The supervisor reviews these recordings with the LPCA.

By signing below, you agree to allow your sessions (or your child's sessions) to be recorded. You understand that this is done solely for the purposes of supervision and case review by the LPCA to further assist in treating you or your child.

It is likely that the recording will be reviewed by the LPCA's supervisor and potentially one other LPCA who is engaged in group supervision with your LPCA. No one else will be allowed access to your recording, and your recording will be erased immediately after it is reviewed.

\_\_\_\_\_  
Client's Name (please print)

\_\_\_\_\_  
Client's Signature (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Signature (if client under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Professional Counselor Associate Signature

*Failure to sign this agreement will not prevent you or your child from receiving services from this LPCA. It only means that your sessions will not be recorded. The LPCA will keep this form in his/her records.*

