

# Health Education & Training Institute

## **Permission To Be Recorded**

(Keep for client's file. Do not send to HETI/trainers)

I understand that my worker is participating in a training project about their counselor's skillfulness. I give my permission for my worker to record one of our sessions. I understand that my worker will use our recorded session in training with other workers at Health Education & Training Institute where it will be used for training purposes only. Neither my name, nor any information about me will be given as part of the training. I also understand that after the recording has been used for training purposes, it will be erased or destroyed.

My worker will retain this statement of permission in my client treatment file.

Name (printed): \_\_\_\_\_

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_