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# Peak Resilience

## Consent to Record Counselling Session



I, \_\_\_\_\_ (client), hereby give my consent to my counsellor at Peak Resilience to record our counselling sessions on the following media:

- Audio Recording
- Video Recording

I give consent for recordings to be heard/watched (to assist in the learning of counselling skills) by the following parties:

- Peak Resilience supervisor, who is an experienced counsellor/social worker/psychologist
- Peak Resilience team of experienced counsellors
- Academic supervisor, a professor of the MEd Counselling Psychology Program at UBC
- Student colleagues in the Practicum course of the MEd Counselling Psychology Program at UBC

I understand that the contents of all recorded sessions will be kept confidential, my identity will not be disclosed beyond what appears on the recording, and that I may choose to sit with my back to the camera to further conceal my identity during a video recording. I also understand that these recordings will be stored on a secure computer/phone when not in use and will be erased immediately after being shared in the supervisory process.

I understand that the sharing of a recording of a portion of my session will be treated exactly like a counselling session and confidentiality will be maintained by all practitioners involved. I also understand that I can withdraw this consent at any time by notifying the student counsellor and that the recordings will be securely erased immediately upon my request.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Counsellor Signature \_\_\_\_\_ Professional Registration Number \_\_\_\_\_ Date \_\_\_\_\_