

WELLESLEY COLLEGE
Stone Center Counseling Services
106 Central Street, Wellesley, MA 02481

Consent for Taping Counseling Sessions

I, _____, agree to have my counseling sessions taped.
(Name of Client-Printed)

I understand that it will be used for supervision and training only, and that I will not have access to the tapes. Tapes will be erased as soon as they are reviewed. I also understand that taping is voluntary and I can terminate taping at any time .

(Signature of Client)

(Signature of Therapist)

(Date Signed)