



Disclosure of Supervision & Consent to Record

As a candidate for Tennessee State Licensure, I am currently in supervision with Chris O'Rear, the director of the Counseling Center at Belle Meade UMC. In my supervision all identifying client information is kept confidential, but I do discuss client issues and progress with my supervisor for my own professional development.

At times supervision will require me to make video or audio recordings of my sessions. Your written consent is required for me to record any sessions. It is important that you know this recording is strictly for my learning and supervision requirements and will not be shared outside of the Counseling Center at Belle Meade UMC.

Recordings remain my property and all recordings will be destroyed when they are no longer needed for my supervision. Recordings are not kept as part of client records.

I understand that Cara Lindell is under supervision at the Counseling Center at Belle Meade UMC.

Client Signature _____ Date _____

I give Cara Lindell permission to record counseling sessions.

I decline permission to record counseling sessions.

Client Signature _____ Date _____