



JNickel, LPC-S
 Pastoral, Individual, Couples Counseling

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Informed Consent to Videotape and Release Information

By signing below, I give my consent to allow my therapy sessions with Jay Nickel, LPC, to be electronically recorded for training/supervision purposes. Toward that end, he may share these recordings with other therapists in his consultation/supervision group. I understand that any other therapist who watches this recording for training/supervision purposes is under the same confidentiality requirements as my therapist.

I understand that Jay Nickel may retain, but is in no way required to retain, any electronic recordings produced in this process. I authorize Jay Nickel at his sole option, to erase or otherwise destroy any and all recordings after they have been used for the intended purpose, or at any other time, whether they have been used or not. I understand that these recordings are not part of my treatment record.

NAME _____ Date _____

SIGNATURE _____

NAME _____ Date _____

SIGNATURE _____

Counselor Signature _____ Date _____