

Karen Lee Gillock, Ph.D.
Cognitive Behavioral Therapy

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CONSENT FOR AUDIO-RECORDING

I hereby freely give my consent to allow my psychotherapy sessions with Dr. Karen Gillock and/or Ms. Jennifer St. Laurence to be audio-recorded. Ms. St. Laurence is a counselor-in-training at Springfield College who is completing her clinical requirements at the office of Dr. Karen Gillock, Cognitive Behavioral Therapy.

I understand this recording will be used only for the purpose of providing clinical supervision with Ms. St. Laurence as outlined on page 5 of the Treatment Contract and Information on Policies and Procedures dated 1/1/2017. Ms. St. Laurence, as a student clinician, is bound by the same ethics, laws, and limits of confidentiality as Dr. Gillock, a licensed clinician. I understand my case will not be discussed by any other person and the recording will be destroyed before Ms. St. Laurence completes her internship with Dr. Gillock on August 31st, 2017.

I also understand that I may revoke this agreement at any time simply by asking that the recorder – which will always be in full sight when in use – be turned off.

I have read the above statement and have been given the opportunity to have all questions regarding the use of this recording to be answered to my satisfaction.

Client's Printed Name _____

Client's Signature _____

Date _____

Provider's Signature _____

Date _____