**Sample Recording Consent**

In the interest of providing the highest quality services to you, our agency is providing training for practitioners. This training includes audio recording some sessions. With your permission, we would like to audio record today’s meeting for training purposes only. Your name will not appear on the recording, and only the practitioner and one trainers, from A Better Listener LLC, will review the recording. You may refuse to allow the audio recording, and, if so, your refusal will not affect the services that you are to receive. If you agree to be recorded, you may also withdraw this consent at any time without penalty. Simply notify the practitioner you do not wish to be recorded.

Please initial below whether you agree or do not agree to audio recording of your sessions and then sign at the bottom.

🞎I agree to recording of my sessions with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (practitioner name).

I understand that the audio recording of this session will be used for training purposes only, and it will be stored on a secure, password protected server with A Better Listener, LLC. A Better Listener, LLC is responsible for providing these training services. I also understand that once the training phase is completed, the recording will be deleted.

Client Name (*Printed*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Practitioner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_