

Focus Institute of Stillwater, LLC

Client Informed Consent

I understand that I am currently being seen by Emily Popplewell, who is an intern in the master's degree program in Marriage and Family Therapy at Oklahoma State University. As an intern in the Marriage and Family Therapy (MFT) program, the therapist is currently being supervised by faculty of the MFT program at Oklahoma State University in addition to a clinical supervisor at the Focus Institute.

It is necessary for the therapist to obtain audio recordings of sessions for the purpose of professional development and consulting with his or her supervisors and supervision team. I understand that the recordings will remain confidential within the supervisory team and will be erased/deleted after use in supervision. When recordings are transferred from one location to another, I understand that all information will be transported only by my therapist and in a secured manner in order to protect confidentiality.

I understand that I may revoke authorization of this disclosure at any time by written request to the Focus Institute.

I have read the above statement and agree to all disclosures as indicated by my signature below.

☐ I authorize audio recording of my sessions.

☐ I decline audio recording of my sessions.

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Client Name	Parent/Legal Guardian Signature	Date
_____	_____	_____
Client Name	Parent/Legal Guardian Signature	Date
_____	_____	_____
Therapist Signature	Date	