

**(Anonymous) Client's Permission to be Audiotaped**

I understand that my clinician is participating in a research project about interviewing and clinical skillfulness. I give my permission for my clinician to audiotape one of our sessions. I understand that my clinician will send this tape to the research team at the University of New Mexico where it will be used for the purposes of this study. Neither my name nor any information about me will be given to the research team. I also understand that the audiotape will be destroyed when the research study has concluded. I understand that I am free to refuse audiotaping of my session without any impact on the care I receive, and I can withdraw this consent at any time. I have been given a copy of this form, and a signed copy will remain in my file.

Client's name (printed or typed) \_\_\_\_\_

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Clinician's signature \_\_\_\_\_ Date \_\_\_\_\_