

## **Appendix B: Northwest University Recording Consent Attestation Form**

Practicum/Internship Site Name: \_\_\_\_\_

Counseling Student Name: \_\_\_\_\_

The above-mentioned counseling student attests that the client (or parent of a minor client) presented in this case signed a Recording Consent Form for the session recorded on \_\_\_\_\_ (date) and that this form is stored on file in a HIPPA-compliant manner at the Practicum/Internship Site.

Counseling Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_