

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 HIPAA-compliant manner at the Practicum/Internship Site.

Counseling Student Signature

Date: _____