Consent to record sessions for clinical supervision

Practice or program | Counselor | Clinical supervisor

General notice

The counselor asks to record your sessions so they can be reviewed in clinical supervision. Reviews take place in Irvin, a platform built for counseling supervision. Irvin uses artificial intelligence (AI) to transcribe each recording and draft feedback on the counselor's skills. A licensed clinical supervisor reviews that feedback with the counselor. Irvin does not make decisions about your care.

How Irvin works

- The counselor uploads an audio or video recording of a session to Irvin.
- A transcription service turns the audio into a written transcript. AI then reviews the transcript and drafts feedback on the counselor's techniques.
- Only the counselor, their supervisor and, if the counselor is a student, their program faculty can see the recording and transcript.
- Recordings are deleted 8 days after they reach Irvin. A supervisor may keep one up to 60 days for review, and the program may hold records longer, but no recording is kept more than 180 days. Transcripts are deleted after 90 days. At a university, both are deleted no later than 3 days after the term ends.
- Irvin keeps its written feedback on the counselor's work after the recording and transcript are deleted. The feedback may quote or describe parts of your session. It is kept while the practice or program uses Irvin and is deleted after that use ends.
- Irvin and the companies that support it are bound by written agreements to protect health information under HIPAA.

Risks

- Any technology carries some risk of unintended disclosure. Irvin reduces it with encryption and access controls.
- AI feedback can contain errors or bias. The supervisor checks it using professional judgment.

Benefits

- The counselor receives closer, more detailed supervision.
- That feedback helps the counselor improve the care you receive.

Voluntary consent and withdrawal

- Recording is your choice. Saying no will not affect your care or your relationship with the counselor.
- You may withdraw this consent in writing at any time. Withdrawal applies to future sessions and does not undo reviews already completed.

Your signature confirms that you have read this form, had the chance to ask questions, and agree to have your sessions recorded for clinical supervision.

Client

Name (printed) | Signature | Date

Parent or guardian, if the client is a minor

Name (printed) | Signature | Relationship | Date