***Southern Taiwan University of Science and Technology***

***Division of Counseling and Guidance***

**Consent Form of Audio/Video Recording of Group Counseling**

Welcome to join the group counseling of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In order to improve the quality of counseling and provide better service for group members, we may need audio/video recording during counseling.

According to the Psychologists’ Act and Personal Information Protection Act, audio/video recording is to be used for professional purpose only. All recordings will be kept confidential and will be destroyed after counseling and counselors’ supervision. If the recordings will be used for academic purpose, teaching or research, we will ask for your agreement again.

If you agree to be recorded, you still can reject the audio/video recording anytime when you feel uncomfortable, even during counseling. The group leader will respect your decision and stop the audio/video recording until you agree to be recorded.

In addition, your rights will be protected by the regulations of counseling ethics. The recordings, except the content related to hurting yourself or others, will be kept confidential.

I fully understand and agree with the statement above.

Signature of Students：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(Y/M/D)

Signature of Group Leader：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(Y/M/D)