

**(Anonymous) Client’s Permission to be Audio taped**

I understand that my clinician is participating in a training project about interviewing and clinical skillfulness. I give my permission for my clinician to audiotape one of our treatment sessions. I understand that my clinician will send this tape to the Motivational Interviewing Network of Trainers (MINT) where it will be reviewed by MI experts FOR THE PURPOSE OF EVALUATING MY THERAPIST. Neither my name nor any information about me will be given to MINT. I also understand that the audiotape or digital file will be destroyed when my therapist has completed the application process or by July 31, 2012, whichever comes first.

I understand that I am free to refuse audio taping of my session without any impact on the care I receive. I understand that a signed copy of this form will remain in my file.

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

Client’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Clinician’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Note: This form remains in the client chart and is NOT sent to MINT

**Clinician Certification of Client Permission**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do certify that I have obtained this audio-recorded work sample of a therapy session with the client’s permission and knowledge. I have placed a signed copy of the client’s written permission to tape this session in the client’s file in the agency where the recording was made.

Signature of applicant and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: this form must be returned with the audio-recorded work sample**

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**Work Sample Submission Form**

**Applicant:**

**Date of Submission (uploading or mailing):**

**Type of file:**

**\_\_\_\_\_\_\_\_Digital file uploaded via yousendit (strongly preferred)**

**\_\_\_\_\_\_\_\_Digital file on a cd or thumb drive sent by mail**

**\_\_\_\_\_\_\_\_Cassette tape sent by mail**

**Language of the Audio sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For a work sample in a language other than English, please contact Denise Ernst directly at** [**d.b.ernst@att.net**](mailto:d.b.ernst@att.net) **for instructions on submission of the sample.**

**Date of Audio:** **Length of Audio**:

**\_\_\_\_\_\_\_\_ This recording is of an actual patient/client encounter**

**\_\_\_\_\_\_\_\_ This recording is of a “real-play” addressing a real behavior change issue**

**Change Target (This should be specific enough for the coder to evaluate change talk):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name Printed Applicant Signature and Date**