TRINITY
CHAPLAINCY & COUNSELING
Relieving suffering, Revealing God

Authorization for Audio and/or Video Recording

Biblical Counseling Consent Agreement

Counselee Name: _____

Counselor Name: Ann-Marie Forest

Date: _____

Purpose of Recording

I understand that my Biblical counseling sessions may be **audio and/or video recorded** for the following purposes:

- Counselor training, supervision, or consultation
- Improving the quality of care provided
- Accurate recall of session content when necessary

Confidentiality & HIPAA Considerations

- All recordings will be treated as **confidential protected information**.
- The counselor affirms that **HIPAA principles will be honored**, including secure storage and restricted access to recordings.
- Recordings will **not be shared publicly** or used for any external purpose without my **additional written consent**.
- Identifying information will be safeguarded in accordance with privacy standards.

Biblical Foundation for Confidential Care

- *"Whoever goes about slandering reveals secrets, but he who is trustworthy in spirit keeps a thing covered."* (Proverbs 11:13)
- *"Let all things be done decently and in order."* (1 Corinthians 14:40)
- *"Carry each other's burdens, and in this way, you will fulfill the law of Christ."* (Galatians 6:2)

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Voluntary Consent

I understand that:

- My participation in recording is **voluntary**.
- I may **withdraw consent at any time** in writing.
- Refusal to consent will **not** affect my ability to receive counseling.

Authorization

By signing below, I give permission for audio and/or video recording under the conditions stated above.

Counselee Signature: _____

Date: _____

Counselor Signature: *Ann-Marie Forest*

Date: _____

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Consent for Limited Use of AI Tools in Counseling Support

Biblical Counseling AI Use Disclosure and Agreement

Counselee Name: _____

Counselor Name: Ann-Marie Forest

Date: _____

Purpose of Limited AI Use

I understand that I may use artificial intelligence (AI) tools in a **limited** way for my growthwork or other counseling care in the following ways:

- Assisting with **spelling and grammar corrections**
- Providing **clarity for written communication**, especially for ESL (English as a Second Language) counselees
- Enhancing understanding of notes without altering meaning

Boundaries of AI Use

The counselee agrees that:

- AI will be used **only in a limited, supportive role**
- AI will **not replace Biblical counseling, discernment, or personal interaction**
- No **avatars, simulated persons, or artificial representations** will be used—only real, direct counselee engagement
- Sensitive information will be **minimized or anonymized** when processed

Biblical Foundation for Wise Use of Tools

- *"The heart of the discerning acquires knowledge, for the ears of the wise seek it out."* (Proverbs 18:15)
- *"Test everything; hold fast what is good."* (1 Thessalonians 5:21)
- *"So, whether you eat or drink or whatever you do, do it all for the glory of God."* (1 Corinthians 10:31)

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Voluntary Consent

I understand that:

- My consent for adhering to limited AI-supported assistance is **mandatory**
- I may **withdraw consent at any time** knowing that it **will** affect my care
- I may ask questions about how I may use these tools

Authorization

By signing below, I acknowledge that I understand and agree to the limited use of AI tools as described above.

Counselee Signature: _____

Date: _____

Counselor Signature: *Ann-Marie Forest*

Date: _____

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