I, ____________________________, agree to be counseled by a practicum/internship graduate student in the M.S. in Counseling Program at Mount Mary University. I further understand that I will be participating in counseling interviews that will be audio and/or video-taped and reviewed by a faculty supervisor as well as members of the student’s corresponding University classroom experience. I also understand that the student will be supervised by a faculty member as well as a site supervisor. Recordings of the counseling sessions are reviewed by supervisors for the purpose of evaluation of the practicum/internship student. In addition, brief segments may be played, in the context of group supervision, so that the practicum/internship student may receive peer supervision and feedback regarding their skills. Tapes will not be used for any purpose other than supervision. Tapes will be destroyed after use in supervision by the student or you may choose to destroy the tapes yourself.

I have been told that all of my counseling sessions will remain confidential in terms of the information that will be revealed during the process of supervision except where noted in the state of Wisconsin’s mandated reporting laws. Times when confidentiality cannot be maintained include: (a) any form of child abuse, (b) danger to one’s self, (c) danger to others, and (c) if any appropriate court order directs otherwise.

I am aware that I can decline any part of this consent (by crossing out and initialing that section), and that the services I receive from this agency will not be impacted.

_____ I decline consent ____________________________

Signature & Date

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MINOR CONSENT FORM

I, ____________________________, (parent or guardian) hereby allows ____________________________, (minor client) to be counseled and recorded by the graduate practicum/internship student. It is my understanding, in giving this permission, that the information obtained and shared is for training purposes. This information will not be released to anyone without prior consent from me.

I verify that I have read and understand the above conditions.

Guardian’s Signature: ____________________________ Date: _____________

Client’s Signature: ____________________________ Date: _____________

Practicum/Internship Student’s Signature: ____________________________ Date: _____________

_____ I want to destroy the tapings _____ The counselor in-training can destroy the taping