



Practicum or Internship Informed Consent – Community Counseling

Dear Client,

This form is intended to inform you about my background and to help you understand our professional relationship. I am a Masters/Doctoral student studying to be a professional counselor. Currently, I am not licensed by the state of Texas as a professional counselor. However, I am working under the direct supervision of a university faculty member and a site supervisor. These individuals are responsible for my clinical training and are licensed/certified professional helpers.

PRACTICUM OR INTERNSHIP INFORMED CONSENT				
STUDENT INFORMATION				
Student Name:				
Level of placement (Please check all that apply):	Masters Student <input type="checkbox"/>	Doctoral Student <input type="checkbox"/>	School Counseling <input type="checkbox"/>	Community Counseling <input type="checkbox"/>
PRACTICUM/INTERNSHIP SITE INFORMATION				
Agency/Organization Name:				
City:	County:		State:	
Zip:	Phone:		Fax:	
Site Supervisor Name:			Phone:	
University Supervisor Name:			Phone:	
INFORMED CONSENT				
<p>Please take the time to read and understand this Informed Consent form. Please ask me about any portions that may be unclear to you. This form contains information about my professional services. UTSA's Counseling Program asks that I obtain your signature, acknowledging that I have provided you with this information, before I provide any services. Please understand that you may end this Agreement at any time.</p> <p>Counseling may have both benefits and risks. For counseling to be most successful, you may be asked to work on things we talk about during sessions and at home. Since counseling may involve discussing unpleasant parts of your life, you may experience uncomfortable feelings. On the other hand, counseling has been shown to have many benefits. Counseling often leads to better relationships, solutions to specific problems, and significant decreases in feelings of distress. Please understand that there are no guarantees of what you will experience.</p> <p>In your first session or during intake, I will offer you some sense of what counseling will involve and how I will work with you to address your concerns. Please evaluate this information and whether you feel comfortable working with me. If you have questions about procedures, please discuss them with me whenever they arise. You have the right to ask about any aspect of counseling or to decline any part of your counseling. You also have the right to request another counselor.</p> <p>You have the right to an explanation of any test/questionnaires and you may decline participation at any time. You also have the right to a summary (which may be either verbal or written) of any test results.</p>				



IN AN EMERGENCY

In some instances, you might need immediate help at a time when I am unavailable or cannot return your call. These emergencies may involve thoughts of harming yourself or others, or thoughts of committing dangerous acts. If you find yourself in any emergency situation, please contact the site or university information listed on this form. If for whatever reason that option is not available to you, please visit the nearest Emergency Room and ask for the mental health professional on call.

LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about our professional relationship if you sign a written authorization form.

You have the right to know the name of my supervisor(s) and how to contact her or him. Because of my training, my supervisor may ask about our counseling for confidential supervisory and training purposes. Occasionally, I may find it helpful to consult with other professional staff about a case. If you don't object, I will not tell you about these consultations unless I feel that it is important our work together. I will note all consultations in my clinical notes.

There are some situations in which I am legally obligated to take actions that I believe may be necessary to protect you or others from harm. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

If I have reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agency. If I believe you present a clear and substantial danger of harm to yourself or another/others, I will take protective actions. These actions may include contacting family members, seeking hospitalization for you, notifying any potential victim(s), and notifying the police. While this summary is designed to provide an overview of confidentiality and its limits, please let me know of any questions or concerns you may have.

STATEMENT OF ACKNOWLEDGEMENT

I have read and understand the statement and have had the opportunity to discuss it before revealing personal information about myself.

SIGNATURES

Client Signature	Printed Name	Date
Student Signature	Printed Name	Date