

Consent for Graduate Student

I understand that my counselor, _____ is a graduate student in a nationally accredited university level counseling program. He/she is trained and prepared to counsel clients in a professional setting. While seeing clients, setting they will be under the direct supervision of their university professor and the site supervisor. Furthermore, I understand that my counselor will be required to discuss our sessions with their professor, peers and their site supervisor. These discussions are for the purposes of my counselor's growth and education only. Every ethical consideration will be given to protect my privacy and confidentiality. I am aware that if I have any questions, concerns or comments at any time I should contact my counselor's site supervisor, Brenda Elledge at 972-268-3096. I further understand that my counselor's practicum ends _____ - _____-2020, and at that time I will have several different options to consider regarding my treatment. My counselor will thoroughly discuss each of the options available to me at that time. The options may include: switching to another student counselor (if one is available), or terminating my sessions altogether.

Client Printed Name

Date

Client Signature or

Date

Parent/Guardian Signature if minor client