Practicum Informed Consent Form

The following is an example of an informed consent form. If the agency where you are working has an established form please use it, provided that it informs the client that you are a trainee and that you will be receiving supervision from MRC program faculty that will include reviewing taped counseling sessions.

The University of Texas at El Paso

Master of Rehabilitation Counseling Program
College of Health Sciences
Informed Consent Form

I agree to participate in counseling services. I understand that these services will be provided by a Rehabilitation Counseling graduate student from The University of Texas at El Paso (UTEP). I understand that this student will receive supervision from an agency counselor, and a UTEP faculty member.

I understand that in order to provide the best counseling services possible, supervision of the sessions will be conducted. This supervision is done by audio taping the sessions. These tapes will be reviewed in the presence of supervisors in order to facilitate the student’s learning. I understand that the information on the tapes will be destroyed by the end of the academic semester in which they are made. The student must obtain your written permission to retain a tape beyond this period.

I consent to the student’s recording of sessions. I understand that this consent is optional and that I may withdraw my consent at any time. However, if I decline to consent or if I withdraw my consent at a later time, I understand that a transfer to another therapist or counselor may be required. If you have any questions or concerns, please raise them with the student.

I understand that my identity and the information disclosed during counseling sessions as well as the supervisory meetings will be kept strictly confidential and will not be released to any other parties without my written permission except as may be required by law.

___________________________________________  ________________
Signature of client                          Date

___________________________________________  ________________
Signature of student                         Date