Chatham University
Consent for Counseling Services

I hereby give permission for counseling services for myself and/or my dependent child(ren) by a Chatham University counseling trainee who is completing an internship/practicum with _____. I understand that these services are confidential and that the content of the session(s) and case records will be maintained according to the ethical standards of the counseling profession in accord with the American Counseling Association. Exceptions to confidentiality rules can be found on the consent for treatment form provided to you by the training site.

I further understand that this counseling trainee is an advanced graduate student of Chatham University who is directly supervised by a program faculty member of the Master's in Counseling Psychology Program. I understand that any conference, evaluation, or relevant information concerning my or my dependent child's counseling session may be discussed with appropriate faculty supervisor(s) and graduate students as part of the training program. In addition, the counseling trainee will receive on-site supervision from a qualified on-site counselor.

Permission is given to audiotape/videotape part or all of counseling sessions. I understand that this material will be used for the purposes of professional training, professional consultation, or service evaluation.

Please feel free to call the site supervisor or counseling trainee if you have any questions.

_____ _____

Client Signature Date Counseling Trainee Date

_____ _____

Phone Number Phone Number

_____ _____

Parent/Guardian Signature Date On-Site Supervisor Date

_____

Phone Number