**Counseling Intern Informed Consent Form**

***Qualifications***

I am a Masters-level counselor-in-training through Northwestern University, working toward a Master of Arts in Counseling through the program Counseling@Northwestern (https://counseling.northwestern.edu/). Through my affiliation with this program, I am qualified to counsel under the supervision of a clinical director of the university and a licensed supervisor and counseling professional at this site. [For Practicum] My current education has prepared me to counsel adults experiencing a variety of life challenges, and I will continue to receive close supervision, collaboration, and consultation to provide you with the best care possible.

***Recording/Observation and Supervision***

Counselors-in-training receive consultation and supervision. To aid in this, I must request to have your sessions recorded and/or observed. Information and recordings will be treated according to current professional ethical standards. Confidentiality will be strictly maintained; information will not be released to any other person or agency outside my educational experience without your written permission. In accordance with Illinois state laws, written records will be maintained for the appropriate length of time and then properly destroyed. Recordings of all sessions will be used for supervision and consultation purposes only, they will be maintained on HIPAA-compliant software, and they will be destroyed when the quarter is completed. Please read the statement below and sign if you agree. If you have questions, please talk them over with me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to the recording and/or observation of my sessions. I understand that confidentiality will be maintained, written records will be maintained, and that professional ethical standards will be observed in this process. I also understand that I may request the identities of all individuals observing my recorded counseling sessions. Recordings will be destroyed following my supervision experience in the counseling program.

***Cancellation Policy***

Counselors-in-training are expected to complete many hours of direct, indirect and supervised counseling. Due to the high volume of hours necessary in order to complete their practicum (200 hours) and internship (600 hours), along with the high volume of clients waiting for services, there will be a three-time cancellation policy. This means the client will receive three allotted cancellations, if these are exceeded the counselor has permission to terminate treatment of that client.

 I agree to the three-time cancellation policy. I understand that the counselor has the right to terminate our counseling sessions if I exceed the allotted three-time cancellation policy.