

Informed Consent to Receive Counseling Services from a Graduate Student in Training

Welcome to the University Counseling and Testing Center (UCTC). As a division of Student Affairs at the University of South Alabama (USA), our mission is to provide high quality counseling, testing, and consultative services to the University community. We strive to facilitate the academic, emotional, social, and career development of students. We also support the health care training mission of the university by enlisting the services of graduate students enrolled in appropriate training programs at USA. The person you are scheduled to see today is a graduate student in either the USA Combined Clinical and Counseling Psychology Doctoral Program or the Clinical Mental Health Master's program.

This graduate student is qualified to provide services at UCTC based on the completion of the appropriate coursework, recommendation to our center by USA graduate faculty and receiving direct supervision by UCTC staff. After reviewing the following information, please sign in the space provided if you are receptive to entering into this counseling relationship.

- I acknowledge that I have been informed that I will be receiving services from a graduate student in training.
- I understand that the graduate student is under the supervision of Dr. John Friend, Director of the University Counseling and Testing Center, and that as a part of his/her training, information about our session(s) may be discussed with Dr. Friend for the purpose of providing the best care possible.
- I understand that graduate students in training are required to video record their sessions for training purposes which allows for important feedback that can improve the quality of my treatment. Recordings are stored securely, are not part of my clinical record and will ultimately be deleted, as they are for supervision purposed only.
- I understand that the graduate student will abide by the ethical guidelines of the American Psychological Association and adhere to the boundaries of confidentiality.
- If I have questions or concerns about my counseling experience, I may contact Dr. Friend at (251) 460-7051.
- I may revoke this consent at any time.

Client signature

Date

Print Name: _____