ALL ADULT CLIENTS

CLIENT RELEASE AND INFORMED CONSENT

The rights for clients receiving counseling by a practicum/internship student from the Department of Counselor Education at Western Illinois University are as follows:

1. To be treated with respect, consideration, and dignity.

2. To be assured confidential treatment of their disclosures <u>except</u>

> when mandated by law, such as in cases of physical or psychological child abuse, incest, child neglect, and abuse of the elderly;
> when it is necessary to protect clients from harming themselves or to prevent a clear and immediate danger to others;

> between a counselor and client (s)]

3. To be afforded the opportunity and responsibility to approve or refuse release of records.

You are encouraged to talk openly and without reservation about your thoughts, reactions, perceptions, and feelings.

I verify that I have been informed of my rights and privileges as outlined above. I understand that all information revealed in these sessions will be held in strictest confidence, except for the reasons outlined above or when authorized by me, in writing, to release it.

I also authorize the video recording of any sessions that I attend. I understand that the recordings will remain the property of the Western Illinois University Department of Counselor Education. I also understand that these recordings are used for supervision, with full recognition given to the rights of the individuals involved.

I further consent to allowing graduate counseling students, supervisors, and instructors to observe the counseling sessions in progress.

Client Signature**:** _____

Date: _____

: _____

PARENTAL/GUARDIAN CONSENT AND CHILD ASSENT FORM

Client's Name:_____

Address:_____

_____

Phone (home/office): _____

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GROUP SESSION CRITIQUE FORM

_____   **Date: _____**
Student Counselor's Name

Session Number: _____

Goal:

Content:

Comments on dynamics between members:

Comments on group leader skills:

Goals for next group: