

**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 and College Student Personnel 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 except
  - 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;
  - when subpoenaed or court ordered by a court of law [‘privileged communication’ does not exist 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 and College Student Personnel. 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: \_\_\_\_\_

Counselor Trainee’s Signature: \_\_\_\_\_

*By typing your name on this form, you are acknowledging that this serves as your legal signature.*