This form provides information relative to Clinical Mental Health Counseling and School Counseling students enrolled in COU 880 Practicum or COU 881 Internship in the Department of Educational Leadership, Counselor Education, and Communication Disorders at Eastern Kentucky University. The counselor-in-training must give the client written information that explains the student’s training, offers information about the counseling relationship, provides information about client rights and responsibilities, and outlines the limits of confidentiality. This document must be signed by the client or by the client’s parent/legal guardian before counseling may begin.

**Student Training**
Students in the program have completed core courses in counseling prior to beginning their clinical experience at the practicum or internship site. A few examples include courses in ethics, theories of counseling, counseling techniques, group work, and other courses relevant to the student’s specialization in school or clinical mental health counseling. The practicum and internship courses are a developmental sequence in which students apply their knowledge under intensive supervision.

**Counseling Relationship**
Your counseling services will be based on a relationship characterized by trust and respect. The counselor and client will work together to both identify goals for counseling and to move toward meeting those goals. The counseling sessions may include an exploration of thoughts, feelings, personal history, communication styles, attitudes and beliefs about self and others, and personal development needs. The counselor-in-training will receive supervision from two sources: a qualified member of the mental health or school setting in which the counseling takes place and an EKU faculty member who is trained in the area of counseling specialization and has training in supervision.

**Client Rights and Responsibilities**
Clients have the right to receive counseling in which the individual’s dignity, worth, and uniqueness are respected. Your counselor-in-training will provide you with quality informed services that are offered under close supervision. Additionally, however, the success of the counseling relationship depends on your willingness to be open and involved in the process. Individuals who participate in counseling can experience changes in personal views, attitudes, and coping skills. Sometimes those close to you may need time to adjust to the new perspectives and positive behavioral changes that may evolve during your counseling. Your counselor-in-training may ask to record some or all of your counseling sessions. The recording of sessions is
something that will be further discussed with you and you have the right to allow or to refuse this process to take place. All recordings, if made, will be destroyed at the end of the semester in which services are provided. If you agree to this process, which will both serve the student’s training needs and enrich your personal counseling experience via the added perspective of supervisory review, your counselor-in-training will ask for your written permission. Finally, clients have the right to receive services that are confidential, with the following exceptions.

Limits of Confidentiality
Confidentiality will conform to state guidelines and the ethical guidelines of the American Counseling Association. *All counselors-in-training, their supervisors, and group supervision members will not disclose information except under the following conditions:*

- The client or guardian gives written consent to release information to a designated individual or agency;
- The client makes specific violent threats to harm him-or herself or to harm an identifiable victim;
- The counselor-in-training and/or their supervisors are named as defendants in a civil, criminal, or disciplinary action arising from the counseling session;
- The counselor-in-training receives an authentic subpoena backed by judicial authority that requires the disclosure of information;
- The counselor-in-training has reasonable cause to believe that a child or adult with a disability has suffered abuse or neglect; and
- The counselor-in-training will discuss the content of counseling sessions in individual and group supervision under the direction of a qualified supervisor who is held to the same professional standards of confidentiality and its limits.

*NOTE:* This counselor-in-training will provide services under the supervision of the following EKU faculty member: ____________________________. If you have any questions regarding your services, please contact this individual via email at ____________________________@eku.edu or by phone at (859) 622-____________.

By signing below, the client or parent/legal guardian
1. Acknowledges that he/she has read the information above and has had any questions regarding its contents explained
2. Agrees to allow counseling services to be provided.

Client Signature: ____________________________ Date: ________________

Client Name PRINTED: ____________________________ Date: ________________

Signature of parent/guardian: ____________________________ Date: ________________

(for minor/dependent clients and/or students)

EKU Counselor-in-training: ____________________________ Date: ________________