

## Treatment by Intern Informed Consent and Release

I understand that my child, my family, and/or myself will be receiving therapeutic services from a student intern who is under the supervision of \_\_\_\_\_ (name), \_\_\_\_\_ (credentials), at \_\_\_\_\_ (clinic/agency name).

This student intern has completed the required education and competencies necessary to be deemed ready to apply his/her clinical skills to working with clients. The intern receives ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and/or your family members.

By working with a student intern, you receive the benefits of a clinically-experienced supervision team assisting in assessment and treatment planning to address your concerns in therapy. In order to provide you the best care, we require our student interns to record client sessions for use in supervision. In order to ensure your privacy, all photographs, video, and audio recordings must be stored on a password-protected device or in a locked file, with digital materials destroyed upon termination of therapy.

Your signature confirms your informed consent to receiving therapy services from a student intern under supervision and your informed consent to video and/or audio recordings of therapy sessions and photographs of artwork and play creations to be used for the purpose of providing supervision on your case.

You further agree that video and/or audio recordings may not be used for any other purposes than those explicitly stated in this document. You may terminate this agreement in writing at any time by mailing your written request to: \_\_\_\_\_.

However, termination of this agreement will require transfer to another provider, as interns cannot be adequately supervised in cases that do not consent to recording.

Clients ages 12 and up as well as a legal guardian who attests that they have the authority to consent for those under 18 must sign below to acknowledge their consent to treatment by an intern under supervision and the use of video and/or audio recordings of sessions and photographs of artwork and play creations in supervision of student intern.

For divorced or separated parents who legally share custody, both parents must sign a copy of this document. For divorced parents or other legal guardians, the most recent copy of the custody agreement must be submitted with this document before therapy can begin.

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Signature	Printed Name	Relationship to client	Date
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