

Genesis Consent To See A Student Intern (for clients, all ages)

** indicates a required field*

Consent To See A Student Intern

* Client Information

- Client Name
- Parent Name if Client is a Minor
- Client DOB

Genesis Counseling is dedicated to empowering our clients to a place of new possibilities through a process of healing and growing within a supportive and compassionate environment. As part of our efforts to ensure that quality care is provided to all our clients, we encourage student interns to observe sessions by therapists as a part of their internship experience. We have partnered with Nova Southeastern University's Psychology Department to become one of their Clinical Internship Sites, hosting both Masters level and Doctorate level interns who are completing their Practicum.

I understand that my child, my family, or myself will be receiving therapy services from a student intern who is under the supervision of Genesis Counseling and Nova Southeastern University. All interns are supervised at Genesis Counseling by Monica Gallino, LCSW, Jennifer Bishop, LMHC and the acting supervisor for their educational institution.

Student interns are bound by the ethical guidelines of their profession and adhere to the guidelines specified by the Genesis Counseling Agreement, Internship Supervision Agreement and Notice of Privacy Practices (HIPAA).

Student interns have completed most masters level educational instruction in their field of study, have demonstrated core competencies and have been determined by their educational institution as ready to apply his or her clinical skills to working with clients.

Student interns receive ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and your family members. By working with a student intern, each client receives the benefit of a clinically experienced supervision team assisting in assessment and treatment planning to address concerns in therapy.

Student interns may provide counseling sessions in conjunction with a fully licensed clinician and when deemed ready by Genesis Counseling and Nova Southeastern University, will provide counseling sessions without a supervising clinician present.

Sessions conducted by student interns may include recording of sessions, for use in supervision. Recording may not be used for any other purposes than for use in supervision, are stored on a password protected device and are destroyed at the termination of therapy.

Clients may terminate this agreement at any time, but termination of this agreement, will require transfer to another provider as interns cannot be adequately supervised in cases that do not consent to recording.

I, the client or his/her parent, or legal guardian acknowledge that I am voluntarily authorizing treatment for myself, or my child at Genesis Counseling by a student intern. I have been informed of the purpose of the treatment, the services which may be provided and any attendant risks, consequences and/or benefits.

* **By e-signing this form, I am consenting to my child receiving clinically appropriate services at Genesis Counseling.** _____

I consent to sharing information provided here.

* **Signature** _____

I consent to sharing information provided here.

Information good for length of treatment