

**INVITATION AND AUTHORITY FOR CLIENT PARTICIPATION IN
LOYOLA UNIVERSITY'S COUNSELING PRACTICUM/ INTERNSHIP
Department of Counseling**

AN INVITATION TO: **Prospective Clients, Parents and Guardians**

BACKGROUND INFORMATION

Loyola University's Counseling Practicum/Internship courses require the graduate students enrolled to perform services of a regular or professional counselor. The program is recruiting individuals who are interested in and/or in need of personal, social, educational or vocational counseling. This document represents an invitation for the child/adolescent to actively engage in a confidential counseling relationship with a counselor-in-training. All counselor-in-training graduate students are supervised by the instructor of the Counseling Practicum or Internship course. Video/ Audio-taping the student-client's counseling session is necessary for both supervisory purposes and in-class learning discussions about the counseling experience.

**CONDITIONS OF AGREEMENT FOR THE PROVISION OF
COUNSELING SERVICES TO STUDENT-CLIENTS**

1. Written consent of the parent/guardian and client must be secured for every counselor-in-training/student-client relationship. This consent authorizes all parties to engage in the counseling relationship.
2. For the purposes described above, namely counselor-in-training supervision, video/ audio-taping is necessary. However, the student-client has the right to turn off the tape recorder if he/she desires to do so. When these taped conversations are used in the university setting, to be heard by the professor and the students enrolled in the course, the identity of the client shall not be disclosed to the class.
3. The counseling process is not viewed as a legal process and neither the student-clients nor their parents/guardians should view the counseling relationship as making a confession or providing admissible evidence. However, confidentiality is limited where the client represents a danger to self, others, or in the case of child or elderly abuse.
4. The University and its Department Counseling reserve the right to determine if counseling services will be provided to prospective student-clients based upon relationship variables, problem areas and available time and graduate students enrolled in the course.
5. The University and its Department Counseling may terminate the counseling relationship at any time and for any reason. Efforts will be made to provide appropriate referrals for clients. The student-client directly or through his/her parent or guardian may terminate the counseling relationship at any time and for any reason.

AUTHORITY FOR CLIENT PARTICIPATION

Having read the above program background and conditions of agreement, the undersigned hereby give their consent to enter into a counseling relationship through the Loyola University Counseling Practicum/Internship.

_____ Name of Parent/Guardian	_____ Signature	_____ Date
_____ Relationship to Client	_____ Address (Street/City)	_____ Phone
_____ Student-Client's Name	_____ Signature	_____ Date
_____ Graduate Student's Name	_____ Signature	_____ Date
_____ Instructor's Name <u>LeAnne Steen, PhD, LPC, RPT-S</u>	_____ Signature	_____ Date
_____ Department Chairperson	_____ Signature	_____ Date