

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 client 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. Videotaping of 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 CLIENTS

1. Written consent of the client must be secured for every counselor-in-training/client relationship. This consent authorizes all parties to engage in the counseling relationship.
2. For the purposes described above, namely counselor-in-training supervision, videotaping is necessary. However, the client has the right to turn off the video imaging if he/she desires to do so. When these recorded 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 the client should not 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 abuse.
4. The University and its Department of Counseling reserve the right to determine if counseling services will be provided to prospective clients based upon relationship variables, problem areas and available time and graduate students enrolled in the course.
5. The University and its Department of Counseling may terminate the counseling relationship at any time and for any reason. Efforts will be made to provide appropriate referrals for clients. The client 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	_____ Signature	_____ Date
_____ Department Chairperson	_____ Signature	_____ Date