**CONSENT FORM FOR STUDENT COUNSELING SESSIONS**

Braveheart Counseling is committed to providing the highest quality of care. As part of our ongoing efforts to improve our services, we occasionally have social work interns observe counseling sessions. These interns are closely supervised by Michelle Adams, Licensed Clinical Social Worker (LCSW) as part of their educational training.

**Intern Information:**

* Name of Intern:
* Internship Supervisor (LCSW): Michelle Adams
* Purpose of Observation: The intern will observe counseling sessions to gain practical experience and insight into clinical social work under the supervision of a qualified LCSW.

**Confidentiality and Privacy:**

* All information observed during the sessions will be kept confidential.
* The intern is bound by the same confidentiality agreements as our staff.
* No identifying information will be recorded or removed from the premises.

**Voluntary Participation:**

* Your participation in allowing an intern to observe your session is completely voluntary.
* You have the right to withdraw your consent at any time without any impact on your services.

**Consent:** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name), hereby give my consent for the social work intern, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to observe my counseling session(s) under the supervision of Michelle Admas. I understand that this is for educational purposes and that my confidentiality will be maintained. I acknowledge that I have read and understand this consent form, and I am aware that I can withdraw my consent at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For any questions or concerns, please contact:**

**Michelle Adams, LCSW**

**Braveheart Counseling**

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