



Practicum Consent Form
Department of Counselor Education
Adams State University

PRACTICUM Consent Form

I am pleased to work with you as a counselor-in-training. This document is intended to inform you about my background and to ensure that you understand my professional relationship with you. I am currently a student in the Department of Counselor Education at Adams State University. I am pursuing a graduate degree in Counseling. As part of my education and training, I am required to enroll in a Practicum class that involves counseling individuals and groups in order to practice skills I am learning. My work will be supervised by University faculty, peer supervisors, and my on-site supervisor. Counseling sessions with you will help me meet the requirements for this class that ends on _____.

Although the counseling sessions may be very psychologically intimate, it is important to realize that my relationship with you is professional rather than social. My contact with you will be limited to counseling sessions arranged with me until _____. I am ethically unable to accept your invitations to social gatherings or gifts, or have any relationship other than the professional relationship we will have within the context of our professional work. You will learn a great deal about me as we work together during the counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

You are entitled to receive information from me about the methods of counseling, the techniques I use, and the duration of our sessions. You can seek a second opinion from another counselor or terminate at any time. In a professional relationship, such as this, sexual intimacy is never appropriate and should be reported to the State Board of Licensed Professional Counselor Examiners.

The Colorado State Department of Regulatory Agencies/ Division of Professions and Occupations regulate the practice of both licensed and unlicensed persons (such as myself) in the field of psychotherapy*. Any questions, concerns or complaints regarding the practice of counseling may be directed to the State Board of Licensed Professional Counselor Examiners, 1560 Broadway, Suite 1350, Denver, Colorado, 80202, (303) 894-7800. For those outside of Colorado, please refer to the National Board for Certified Counselors website to locate your state board directory and contact information: <http://www.nbcc.org/directory>

Anything discussed during counseling sessions is confidential, with the following exceptions:

1. My supervision as described above
2. You direct me, in writing to tell someone else

3. You are determined to be a danger to self or others.
4. There is reasonable cause to suspect abuse of a child; which I am legally obligated to report.
5. There is reasonable cause to suspect abuse of an at-risk adult or an at-risk elder; which I am legally obligated to report
6. I am ordered by a court to disclose information.

Counseling sessions are _____minutes in length. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results. Your assistance and cooperation in this training are appreciated and it is hoped you gain as much as I. If you have questions or concerns please feel free to talk with me or my supervisor, (_____) at (_____). The Clinical Coordinator at Adams State University can be contacted at 719-587-7607.

Consent Statement

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client’s responsible party.

 (Client) (Date)

 (ASU Counselor-in-Training) (Date)

Consent to Record Statement (check if applicable) _____

I agree to have my counseling sessions recorded. I understand that recording our sessions is part of the required training for counselors-in-training in the Department of Counselor Education at Adams State University. I understand that the recording will be kept secure and confidential and will be used solely for the education of my counselor-in-training in individual and/or group supervision. Adams State University uses a secure, password protected server to store all counselor-in-training recordings for later viewing by on-site supervisors and University faculty. Once a counselor-in-training successfully completes the Practicum course, the recordings are deleted from the server.

 (Client) (Date)

 (ASU Counselor-in-Training) (Date)

*Regulatory requirements applicable to mental health professionals:

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.
- Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.