Treatment by Intern Informed Consent and Release

I understand that my child, my family, or myself will be receiving therapy services from a student intern who is under the supervision of Melody Cline, MA, LMFT, CCTP at Upswing Counseling and the Wheaton College Marriage and Family Therapy graduate program. This student has completed required education and competencies necessary to be deemed ready to apply his or her clinical skills to working with clients and receives ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and your family members.

By working with a student intern, you receive the benefit of a clinically experienced supervision team assisting in assessment and treatment planning to address your concerns in therapy. In order to provide you the best care, we require our student interns to record client sessions for use in supervision. In order to ensure your privacy, all video and photographs must be stored on a password protected device or in a locked file with videos and photographs destroyed at the termination of therapy. **Your signature below confirms your informed consent to receiving therapy services from a student intern under supervision and your informed consent to video recordings of therapy sessions and photographs of artwork and play creations to be used for the purpose of providing supervision on your case.** You further agree that video recordings may not be used for any other purposes than those explicitly stated in this document. You may terminate this agreement in writing at any time by mailing your written desire to terminate to Melody Cline, Clinical Supervisor, Upswing Counseling, 620 W. Roosevelt Rd. Ste C-2, Wheaton, IL 60187. However, termination of this agreement will require transfer to another provider as interns cannot be adequately supervised in cases that do not consent to recording.

Clients ages 12 and up as well as a legal guardian who attests that they have the authority to consent for those under 18 must sign below to acknowledge their consent to treatment by an intern under supervision and the use of video recordings of sessions and photographs of artwork and play creations in supervision of student intern. (For divorced or separated parents who legally share custody both parents must sign a copy of this document. For divorced parents or other legal guardians the most recent copy of the custody agreement must be submitted with this document before therapy can begin.)

_____	_____	_____	_____
Signature	Printed Name	Relationship to client	Date
_____	_____	_____	_____
Signature	Printed Name	Relationship to client	Date
_____	_____	_____	_____
Signature	Printed Name	Relationship to client	Date
_____	_____	_____	_____
Signature	Printed Name	Relationship to client	Date
_____	_____	_____	_____
Signature	Printed Name	Relationship to client	Date
_____	_____	_____	_____
Signature	Printed Name	Relationship to client	Date