#8 DISCLOSURE OF INFORMATION AND CONSENT TO PARTICIPATE
SCHOOL COUNSELING PRACTICUM and INTERNSHIP

Site-based Counseling
COUN 5540, 5550, 5560, 5570

Parent(s) Name(s): ____________________________________________

Child’s Name: ________________________________________________

Dear Parent or Legal Guardian,

The School Counseling Program at Seattle University (SU) conducts advanced courses in counseling practice called Practicum and Internship during the second and third year of a Graduate Counseling Student’s Master of Arts degree program at the University. School Counseling interns assist with academic, career and personal/social development under the supervision of your school’s counselor and SU faculty. SU school counseling interns are trained in both educating and counseling, allowing them to function as a facilitator between parents, teachers and the student in matters concerning the student’s goals, abilities and any areas needing improvement.

SU Graduate Counseling Student: ____________________________ would like to work with your child, a student at _________________________________ (Name of School)

The counseling sessions conducted with you (your child) may be video recorded and reviewed by an SU faculty supervisor and a small peer supervisory group of SU Counseling students. All video recordings are confidential and will be erased upon completion of your (your child’s) involvement in counseling. You may decline permission to record. You (your child) will continue to be eligible for counseling services from the SU intern.

Counseling sessions are confidential. SU Graduate Counseling Students follow all State of Washington rules and laws for the practice of counseling, including the school’s policies for the school counseling program (see reverse side for more information on confidentiality policies at SU).

Please accept the invitation for you (your child) to become involved in counseling with an SU Graduate Counseling Student. If you approve of (your) your child’s participation, please sign and date this form below and return the form to your (your child’s) School Counseling Office.

If you have any questions about the Seattle University Counseling Program, you may contact the School Counseling Program Coordinator by calling 206-296-5750.

Parent’s (Adult Student or Legal Guardian) Signature: ____________________________ Date: ________

Additional Parent Signature (optional): ____________________________ Date: ________

Student (Under 18) Signature: ____________________________ Date: ________

____ I do not want my (my child’s) counseling session audio or video recorded for counseling supervision.
Additional Information for Parents

The SU Graduate School Counseling Student serving your child has completed all required coursework to begin a Practicum or Internship experience and has been formally approved by Seattle University Faculty to counsel students in the school setting under supervision.

Confidentiality

The content of all counseling sessions will be treated as confidential communications and will not be discussed outside of a clinical course or supervision session, except as described below. Consistent with professional ethics and legal requirements, there are special circumstances under which information about you or your child and the services you or your child receive may be disclosed, including, but not limited to the following:

a. A Graduate Counseling Student is required by state law to report knowledge of abuse, neglect and/or exploitation of children (under 18 years), developmentally disabled adults, or vulnerable adults.
b. If your or your child’s counselor believes that your or your child may be a danger to self or another person, the counselor may be required to disclose your or your child’s health information to appropriate individuals or authorities.
c. A counselor may be court-ordered to disclose information.
d. Disclosure may be made to a person the student counselor reasonably believes is providing health care to you or your child.
e. Disclosures may also be made at the discretion of your student counselor or Counseling Program faculty as permitted by law, and will be made when required by law.

Recording or Observation of Counseling Sessions

The counseling sessions serve an instructional, practice, and evaluation purpose for the student counselor. Therefore, the sessions may be recorded and/or may be observed by Counseling Program faculty, other graduate student counselors, or on-site supervisors. Recordings are for educational purposes only and do not become a part of your child’s educational records. The recordings are the property of the Seattle University Counseling Program. Recordings are labeled "confidential" and do not contain your child’s name on the label. The recordings are not disclosed outside of the clinical course. All recordings are erased no later than three (3) months after the final counseling session.