Information and Consent Form

I would like to take this opportunity to welcome you to counseling and provide you with some information which you may find valuable. I am currently a counselor-in-training at the University of Montevallo. When I complete my program, I will hold a Masters of Education degree in Counseling. Should we agree to meet, our professional relationship may be limited to 15 weeks, for approximately 50 minute per individual and/or group session (30 for children). Since we will be limited in the amount of time we have to work together, our highest priority will be personal growth with a focus on short-term goals. Together we will establish and work toward those goals.   
   
Should you need to cancel an appointment, please attempt to do so at least 24 hours in advance by messaging me at either [carolinemcphearson@gmail.com](mailto:carolinemcphearson@gmail.com) or (205) 201-0204. Additionally, you should know I am not on call. Should you have a problem which needs immediate attention, contact the designated individual at the site.   
   
I am ethically and legally bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I determine that you are a danger to yourself or others, or if (in the case of a child) someone else is harming you; (2) if I am ordered to do so by a court of law; (3) if you direct me to disclose information to another; and (4) for consultation purposes.   
   
In order for me to provide the best care possible, I will regularly audio and/or video record our sessions and use them to consult with my site and faculty supervisor and peer counselors. Notes and recordings of our sessions will be accessible to the university supervisor and your case may be discussed in supervised peer consultations. Your identity will be protected in these circumstances. If any other use of your recording and/or notes is desired by the training institution, you will first be asked for permission and that consent will be obtained separate from this agreement.   
   
If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is Dr. Couch and can be reached at [ccouch@montevallo.edu](mailto:ccouch@montevallo.edu) . My site supervisor is Dr. Misty Smith and can be reached at [mistysmithphd@mbhwellnessclinic.com](mailto:mistysmithphd@mbhwellnessclinic.com)   
   
If you have any questions now or in the future, please feel free to ask them at any time. Your signature on this form indicates that you have been informed about the above terms and indicates your understanding and consent.

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Signature of Client Date   
   
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Signature of Parent/Legal Guardian (if client is 19 years old or younger) Date   
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Signature of Counselor-in-Training Date   
Graduate Program in Counseling - University of Montevallo