

North Dallas Christian Counseling

1404 Gables Court #203
Plano, TX 75075

Phone 214.577.8334
www.NDCCounseling.com

PRACTICUM CONSENT FORM

Your counselor is a student working towards his or her graduate degree in counseling. As part of the requirements of the degree program, he or she must engage in face to face counseling. Your counseling is under the close supervision of a licensed professional, and your counselor will be seeking guidance from him/her as it regards your case. The supervisor under which your counselor is working is listed below.

Occasional video or audio taping of sessions is often beneficial, and sometimes necessary for the development of the practicum student. Taping, however, will never be done without the client's knowledge nor without the client's written permission. All information divulged in the counseling session remains confidential, whether or not taping takes place. Both your counselor and the case supervisor will respect your rights to confidentiality (see informed consent in your intake form for exceptions and limitations to confidentiality).

I do____ do not____ give my consent for video or audio taping.

Supervisor Contact Information:

Name: James Stephen Clay, M.A., LPC-S

Phone: 214.577.8334

Email: steve@ndccounseling.com

By signing this document, you acknowledge that you have been informed of the practicum student status of your counselor. You also agree to allow your counselor to confer with his/her supervisor and director regarding your case for the purposes of professional training. Should you have any questions or concerns regarding this issue, please promptly bring this to your counselor's attention. We are here to serve you!

Client/Guardian
Signature: _____ Printed Name: _____ Date: _____

Counselor
Signature: _____ Printed Name: _____ Date: _____