

Informed Consent Document
Volunteer Interview Clients
PSY 660-001

I, _____, hereby acknowledge that I have received and understand the *Disclosure Statement* and *Client Rights and General Information* documents which were given to me on _____.

I further acknowledge that I understand that I am giving permission for myself to participate in a clinical interview, which includes discussing the life history of myself or my child. Specifically, I understand:

- _____ 1. I will be interviewed by a graduate student under the supervision of Frederick G. Grieve, Ph.D. I understand that Dr. Grieve has a doctorate in clinical psychology and is currently licensed as a Health Service Provider in the state of Kentucky.
- _____ 2. I understand that although clinical interviews are a routine part of psychological services and pose a very minimal threat to those involved, in rare instances during the course of the interview issues previously forgotten may be remembered with some psychological discomfort.
- _____ 3. I understand that I may contact Dr. Grieve at (270) 745-4417 if I have concerns that cannot be resolved with my student examiner.
- _____ 4. I understand that we will be engaging in a clinical interview purely for the training of graduate psychology students. This clinical interview will be videotaped and will be used in the future for educational purposes. I also understand that the audio or video tapes are not part of the clinical record and, as such, I will not have access to them.
- _____ 5. I understand that the clinical interview will consist of a single session, which will last approximately one to two hours.
- _____ 6. I understand that I will not be provided feedback on my performance, unless significant risks are discovered.
- _____ 7. I have the address of the Kentucky Board of Examiners of Psychology and know that I may contact them at any time if I have serious concerns about my evaluation. I further understand that if the results of this evaluation are shared with me, they will be discussed only in general terms and will not be available for third party use.
- _____ 8. I understand there will be no charge for this interview and that I may discontinue at any time.
- _____ 9. I understand that sexual intimacy is never part of a therapeutic relationship and that any such behavior should be reported to the Kentucky Board of Examiners of Psychology.
- _____ 10. I understand that any information I discuss with the evaluator under the supervision of Dr. Grieve cannot be held in legal confidence. I understand that the student evaluator cannot and will not disclose any information to any outside party without my written consent, **EXCEPT** for threats of harm I make toward others, suicide plans, or disclosures of instances of harm to children or elderly adults.

Client Signature

Date

Therapist Signature

Date