I, ______________________, agree to participate in counseling/interviewing offered through the Department of Psychology at Western Kentucky University.

I understand that my counselor is a graduate student enrolled in a beginning practicum course at WKU under the supervision of Frederick G. Grieve, Ph.D., who is a licensed clinical psychologist. I also understand that:

_____ 1. The general objectives of my counseling are to assist me in coping more effectively with current stresses and/or past issues that I may choose to share with my counselor-in-training.

_____ 2. The information shared with my counselor-in-training is confidential and can only be released with my written consent to other sources. Legally required limits to this confidentiality will be discussed with me by my counselor in training and include threat of bodily harm to myself and others and ongoing child abuse.

_____ 3. In order to maintain and improve the quality of counseling services provided, I agree to permit audiotaping or videotaping or both of all my counseling sessions. These recordings are for training purposes and will be viewed by my counselor-in-training, his or her supervisor, and the other practicum course members in a training context to help improve my counselor's level of skill. All individuals who will view such tapes are informed of the confidential nature of the information provided on the tapes. These tapes will be erased at the end of the semester. My signature on this document indicates my permission for the taping to occur.

_____ 4. I am free to discontinue my participation in counseling at any time, but realize it may be helpful to discuss this with my counselor-in-training.

_____ 5. I understand that I may contact Dr. Grieve if I have concerns that cannot be resolved with my student examiner.

__________________________________________  ________________
Client Signature                      Date

__________________________________________  ________________
Therapist Signature                  Date