

Northeastern State University
College of Education
Department of Psychology and Counseling
Student Intern Professional Disclosure Statement

Welcome to _____. This document contains important information
(site)
about our professional services and business policies. Once you sign this consent form, it will
constitute an agreement between you, I, and _____.
(site)

As a student at NSU I am currently enrolled in the _____.
(Program)

As a counseling student intern, all of my counseling services are supervised by a faculty liaison and the
_____ supervisor. This means that your case will be
(site)

discussed with all parties indicated for review of services that I provide to you. Portions, or all, of the services
provided to you may be audio/video taped to satisfy requirements of the program. All rules of confidentiality
still apply to both the faculty liaison, site supervisor, and myself. My faculty liaison is
_____, and can be contacted _____
(faculty name) (phone) (email)

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can
release information to others about your therapy only with your written permission (in the form of a Release of
Information).

However, there are a number of exceptions where:

a client is a danger to self / others, a court orders a release of information, or suspected abuse or neglect of a
child or the elderly.

Note:

My signature below indicates that I understand that the counseling service is designed to help me help myself as
I make future plans and various other adjustments. I further understand that the counseling service will be
rendered by a student intern, _____.
(student intern's name)

That the services provided will be supervised by a faculty liaison competent of supervision, that portions of the
interview may be recorded and observed for educational purposes, and that all relationships with the student
intern, NSU faculty liaison, and the _____ staff will be kept confidential.
(site)

Participant Signature: _____ Date: _____

Counselor Intern: _____ Date: _____