

**Counseling Educational Psychology and Research
The College of Education, Health and Human Sciences
The University of Memphis
COUNSELING SESSIONS
CONSENT and TAPE FORM**

The CEPR counseling faculty operates as a team in order to provide the best possible training for our students.

Confidentiality:

Information shared by you in these counseling sessions will be kept in strictest of confidence. Information will not be disclosed outside of the Counseling faculty without your written permission, with the exception of the following:

- 1) Abuse of Children, Elderly or of those Cognitively Impaired. If the student or supervisors have reason to believe that a child, elderly person or one who is cognitively impaired is being abused or neglected, they are legally obligated to report this situation to the appropriate State agency and to their site and University supervisors.
- 2) Imminent Harm to Self. If the student or faculty member has reason to believe that you are in danger of physically harming yourself, and if you are unwilling or unable to follow treatment recommendations, they may have to make an involuntary referral to a hospital and/or contact a family member or another person who may be able to help protect you.
- 3) Imminent Harm to Others. If the student or faculty member has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, and if they believe that you are an actual threat to the safety of another person, they may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions) to insure that the other person is protected.

Please Note: The exceptions to confidentiality are extremely rare. However, if they should occur it is our policy that, whenever possible, we will discuss with you any action that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.

Practicum students must also audio tape 5 sessions to allow for proper supervision by their University supervisors. These tapes are only for supervision of the practicum intern and will be erased after review. The taping is to give our clients the best quality of care.

I, _____, (client's name/or Guardian) hereby give consent to my assigned counselor, _____, (counselor's name) a graduate student in the Counseling program at The University of Memphis to audiotape _____ (initial if Yes) our counseling sessions. These recordings will only be used to aid the University Supervisors to assess the skill development of the counselor to progress to advanced practice courses and will not be used for any other purpose without my written consent.

Signed (Client or Guardian) _____ Date ____ / ____ / ____

Counselor: _____ Date ____ / ____ / ____

