

Integrated Psychological Center of Indiana
50 E. 91st Street, Suite 316
Indianapolis, IN 46240
Tel: 317.550.3221
Fax: 317.550.3228

Consent for Treatment by a Graduate Student Under Psychologist Supervision

Clinicians completing advanced graduate clinical psychology training routinely receive supervision, enroll in courses, and participate in clinical seminars facilitated by doctoral-level professors in clinical psychology. All of these activities are designed to enhance the clinical services trainees provide. In addition, trainees routinely collect information regarding patients to ensure that they are providing the best possible treatment. With client/patient consent, information regarding your treatment would be shared with the trainee's professors, clinical supervisors, and other advanced graduate students in clinical psychology in a formal presentation. This may include both presentation and discussion employing:

- Notes taken during or after our sessions
- Psychological test responses, scores, and interpretations
- Video-recordings, audio-recordings, or written transcripts of our sessions
- Other materials (such as historical data, questionnaire responses, information from your record, *etc.*)

When making use of written materials, all efforts are made to ensure that anyone who reads or sees them will be unable to identify the patient(s) involved. Therefore, your identity will be concealed by removing or altering all names, dates, places, descriptions, and/or other personal information.

Audio- and video-recordings cannot be altered for purposes of clinical supervision at the training site, or in consultation with clinical faculty of the school. Such materials will only be shown to or played for other mental health professionals and advanced clinical psychology trainees. All of these persons are bound by state laws and/or professional rules about patients' privacy. These materials will be maintained in a secure location, and will be destroyed as soon as they are no longer needed.

The trainee's direct clinical supervisor is Maria P. Hanzlik, PsyD, HSPP/Jessica D. Walker, PhD, HSPP. The trainee meets with Dr. Hanzlik/Dr. Walker to review clinical case material on a weekly basis, but the trainee clinician will be the one with whom clients/patients have direct contact regarding all points of clinical care.

Please read and sign the following:

I give the clinician, _____ my permission to use information regarding my treatment for educational and professional purposes. I understand that the information will be used as an aid in the process of improving mental health services and the clinical training of mental health professionals. All individuals with whom this information is shared are bound by state laws and/or by professional ethics rules about patients' privacy.

I agree that there is to be no financial reward for the use of this material. I understand that I will not be punished in any way if I do not agree to allow information about my treatment to be used. I recognize my consent is revocable and if I refuse to participate at a later point in time, I recognize that actions will be halted, except for those already taken. If I choose to withdraw my consent, I understand that I will need to provide notice of this in writing to the clinician. I also understand that I may request a review of the material with the clinician prior to its use.

I give my consent to have clinical material and information related to my treatment used for all of the purposes described above. The purpose and values of using this information have been fully explained to me, and I freely and willingly consent to its use.

Signature of Patient

Date

Printed name of Patient

Signature of Parent/Guardian

Date

Printed name of Patient

Relationship to Patient

Signature of Clinician

Date

Printed name of Clinician