



Center for Healthier Relationships,
Individuals, & Sexualities

Intern Consent to Treatment Form

By signing this document, I acknowledge the following

I am working with a student intern. The intern is being placed at the Center for Healthier Relationships, Individuals, & Sexualities (CHRIS) in order to gain clinical experience toward completion of their master's degree. The intern is not an employee of CHRIS. The student intern will be with the organization for a set period of time, a minimum of nine months. If the intern were to violate federal laws and/or have ethics issue present, their placement with CHRIS may be terminated.

The intern is being supervised by a licensed therapist, either Christopher Wilson, PhD, LMFT, CST, CSST or Sara Mairs, LCSW. Either supervisor will have access to all clinical records, including intake packet, demographic information, and clinical notes. Dr. Christopher Wilson will also have access to all such documents for interns being supervised by Sara Mairs. The records may also be reviewed by the intern's school if required by a school agreement between the university and CHRIS.

The intern will be taking part in weekly group and individual supervision at the site or through tele therapy platform. Interns are also being supervised by staff at their university. These staff may request recordings of sessions or clinical documentation for review. Interns are not permitted to record sessions without expressed written consent by client. In order to record, the client must complete a written release for audiovisual recording. Interns will only be permitted to share recordings with expressed written consent.

Signature

Date