

Informed Consent for Services by Student Interns

I understand that Cornerstone Health Counseling undergraduate and advanced graduate students from the mental health profession are not yet licensed in Alaska.

I understand that all students are supervised by a minimum of a Master's prepared Clinical Supervisor. Supervision includes face-to-face supervision sessions reviewing and co-signing treatment plans, progress notes, and signing off on all other documents that go into your clinical record.

I understand that I have the right to know the name of the Student Intern, their supervisor and how to contact her or him, the front office will provide this information upon request.

Your signature below indicates that:

1. You have read the information in this document and consent to services provided by Cornerstone Health Counseling Student Interns.
2. Your protected health information (PHI) is strictly confidential and is protected by Federal and State regulations (42CFR Part 2, 45 CFR 160, 162, and 7 AAC 71.215)

Client Printed Name

Date

Client/Parent/Authorized Representative Signature