

Texas A&M University Counseling and Assessment Clinic

Consent Form

Initial Applicable Boxes to Indicate Agreement

1. I have received a copy of the booklet entitled “CAC Client Information and Notice of Privacy Practices” and have had the contents of the booklet explained to me by my Counseling and Assessment Clinic (CAC) counselor or evaluator. All of my questions have been answered to my satisfaction. []
2. I give permission for me/my child _____ to receive the services that have been explained to me by the CAC counselor/evaluator. These will include the following services:
____ Counseling/Therapy ____ Assessment ____ Other []
3. I understand that no information concerning me/my child will be released from the CAC without my signed consent within the limits specified in the booklet “CAC Client Information and Notice of Privacy Practices”. []
4. I agree to allow data contained in my CAC file to be available for archival research (for example, reviews of records to describe clinic trends and referrals) as long as my identity cannot be linked to the data used. I understand that whether or not I agree to allow my data to be used for research purposes will have no effect on my care or my relationship with the CAC. []
5. I understand the information presented to me regarding supervision, video recording, and consultation of services. I understand that all video recordings of my case will be deleted within 60 days of my session, unless otherwise permitted by my written consent. []
6. I have been informed that the CAC uses a team treatment model where these team members will discuss and participate in my evaluation and treatment with access to my CAC chart. I also understand that CAC is a training site and that a licensed mental health professional will supervise all trainees. []
7. I understand that payment is due at the time of service. If I have insurance coverage, I understand that many insurance companies do not pay for services provided by the CAC because the CAC is a training facility. If I miss an appointment or do not cancel at least 24 hours in advance, I can be charged a half-fee, and the CAC reserves the right not to provide services to me for 60 days. It is my responsibility to pay all fees for CAC services. []

I have read, understand, and agree to all Counseling and Assessment Clinic procedures outlined in this document and in the pamphlet entitled “CAC Client Information and Notice of Privacy Practices”. I hereby give my consent to receive services from the Counseling and Assessment Clinic.

Printed Name of Client

Client Date of Birth

Signature of Client (or Parent/Guardian)

Date