

Case # _____

**McKee Assessment and Psychological Services Clinic
Psychology Department
Western Carolina University**

The McKee Assessment and Psychological Services Clinic is designed to provide training opportunities for graduate students in Clinical, School, and Health Service Psychology. Services will be provided by graduate student clinicians under the supervision of Western Carolina University faculty. I do hereby request that

_____ receive psychological services provided by _____
_____ at the McKee Assessment and Psychological
Services Clinic under the supervision of _____.

The services to be provided may include:

_____ <i>Psychological Assessment</i>	_____ <i>Consultation</i>
_____ <i>Educational Assessment</i>	_____ <i>Individual and/or Group Interventions</i>
_____ <i>Behavioral Observations</i>	_____ <i>Other</i> _____

Please read and **INITIAL** each of the following statements below:

_____ ***Testing and other sessions may be observed and/or videotaped by Western Carolina faculty members to evaluate the progress of treatment and to provide supervision for the student clinician. Videotaped sessions are for training and supervision purposes only. Videotaped sessions are automatically deleted after 120 days and are not considered to be a part of the client's medical file.***

_____ ***It is understood that any information from the client is treated with strict confidentiality and such information will not be released except in the following instances:***

- ***Allegation of child or elder abuse or neglect***
- ***Expressed intention to harm another person***
- ***Expressed intention to harm oneself***
- ***As otherwise required by federal, state or local law***
- ***Written consent of client (or legal guardian) requesting release of information***

In consideration of and return for the services, facilities, and other assistance provided to me or client by Western Carolina University, I, the undersigned, release, hold harmless, discharge and indemnify Western Carolina University, its Board of Trustees, the UNC Board of Governors, University officials, employees, agents, students and volunteers (hereinafter "Releasees"), from any and all present or future liability, claims and actions that may arise from injury or harm to me or client, from my or client's death or from damage to my or client's property in connection with this activity. I understand that this Agreement covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Releasees, including but not limited to negligence, mistake, or failure to supervise by Western Carolina University. I recognize that this Agreement means I am giving up, among other things, rights to sue the Releasees for injuries, damages, or losses I may incur. I also understand that this Agreement binds my heirs, executors, administrators, and assigns, as well as myself. I have read this entire Agreement, I fully understand it and I agree to be legally bound by it.

(Parent or Guardian Signature if client less than 18 years old)

(Date)

(Client if at least 18 years old)

(Date)

(Graduate Student)

(Date)

(Supervisor)

(Date)