



COLLEGE OF EDUCATION AND ALLIED PROFESSIONS
Psychology Department
WCU Psychological Services Clinic

The Western Carolina University Psychological Services Clinic is designed to provide a training opportunity for graduate students in Clinical and School Psychology. Services will be provided by student clinicians under the supervision of Western Carolina University faculty. 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.

I do hereby request that _____ receive psychological services provided by
(Name of Client)
the Western Carolina University Psychological Services Clinic. The services to be provided may include:

_____ Psychological Assessment	_____ Group Based Interventions
_____ Educational Assessment	_____ Consultation
_____ Behavioral Observations	_____ Other: _____
_____ Individualized Interventions	

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

Cullowhee, NC 28723
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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)

(Student Clinician) _____
(Date)

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