



C O U N S E L I N G

Treatment with Intern Informed Consent Form

- I understand that my child, my family, or myself will be receiving therapy services from a student intern who is under the supervision of Hope and Meaning Counseling (HMC) and the Field Placement Office of their educational institution. All interns are supervised by Molly Cogan LPC and Karen Reiss LCSW of HMC and the acting supervisor for their educational program.
- Student interns are bound by the ethical guidelines of their profession and adhere to the guidelines specified by the HMC services agreement, Telehealth Service Consent, Internship Supervision Agreement of their educational institution and Notice of Privacy Practices / HIPAA.
- Student interns have completed most masters level education from their educational institution in their field of study, have demonstrated core competencies and have been determined by their educational program as ready to apply clinical skills to working with clients.
- Student interns receive intensive ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and your family members. By working with a student intern, each client receives the benefit of a clinically experienced supervision team assisting in assessment and treatment planning to address concerns in therapy.
- Student interns may provide counseling sessions in conjunction with a fully licensed clinician, and when deemed ready by HMC will provide counseling sessions without a supervising clinician present.
- Sessions conducted by student interns may include recording of sessions, for use in supervision. Recordings may not be used for any other purposes than for use in supervision, are stored on a password protected device and are destroyed at the termination of therapy.
- Clients may terminate this agreement at any time, but termination of this agreement will require transfer to another provider as interns cannot be adequately supervised in cases that do not consent to recording.

I, the client or his/her legal, custodial parent, or legal guardian, acknowledge that I am voluntarily authorizing treatment for myself or my child/ward at HMC by a Student Intern. I have been informed of the purpose of the treatment, the services which may be provided, and any attendant risks, consequences, and/or benefits.

Client Name (Printed)

Client Signature (if age 14 or older)

Parent/Guardian signature (if under age 14)

Contact Information:

1. The student intern working with your child is:

The student intern's email address is: disabilityinfo@hopeandmeaning.com

2. The student intern directly reports to Karen Reiss, LCSW for supervision. Karen can be reached at:

karenr@hopeandmeaning.com

3. The clinical director oversees the entire internship program. Our clinical director is Molly Cogan, LPC. Molly can be reached at:

mollyc@hopeandmeaning.com

4. The practice owner oversees all Hope and Meaning Counseling programs. Bonnie Healey, LCSW can be reached at:

bonnieh@hopeandmeaning.com

(267)528-9061 cell

Hope and Meaning Counseling addresses:

Physical location: 6926 Old Easton Rd, Pipersville PA 18947

Mailing address: PO Box 250, Pipersville PA 18947

Main office phone number: 267-528-9037