



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years
McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-1645

CONSENT FOR TREATMENT OF A MINOR CHILD

Print legal name of minor child here: _____

I, _____, as parent or legal guardian of my minor child, give consent for this child to receive psychological treatment or assessment by a graduate student in training through the Psychological Services Clinic (PSC) at the University of Northern Colorado. By signing this, I attest that I do have legal custody of this minor child and that I am able to consent to their treatment. I understand and agree that: (a) upon request of the PSC, I will provide the PSC with documentation that confirms that I have legal custody of this minor child, and (b) I will immediately inform the PSC of any change in my legal custody rights regarding this minor child.

I understand that only the student therapist, supervisor(s), and other students in their class will know the information learned during the course of therapy. (Please read the *Client Rights Disclosure Statement* for exceptions.) I understand that the PSC may use information used in the course of therapy for research purposes as long as such use does not contain identifying information regarding this minor child. Furthermore, I understand that the PSC is under no obligation to release any information related to my child's therapy to other persons or agencies without the proper consent.

I understand that the student therapist conducting these sessions will be doing so under the supervision and licensure of their faculty instructor/supervisor and that to facilitate this supervision, therapy sessions with my child and collateral sessions with me may be video recorded.

 Parent(s) or Guardian(s) Signature

 Date

 Witness

 Date

Minor Child Assent

I understand that my parent or guardian may give permission for my counseling or testing. However, I have also been asked to give my permission. By signing this, I agree to receive counseling or testing by a graduate student in training through the PSC at the University of Northern Colorado.

 Minor Child's Signature

 Date

Consent to use your Records for Research and Quality Assurance

Since we are a university training clinic, we regularly conduct research to monitor the quality of our services and to inform university and community officials about our outcomes. By signing below, de-identified information from your file may be used to describe referrals, treatment results, and trends in client outcomes. Examples of how this information may be used include in annual reports to university administrators regarding how many clients we've served within a specific period of time and a breakdown of those served by demographic variables. We may also review your file to determine how client self-reported levels of distress are related to various demographic, therapist, and treatment variables. This information will never refer to a specific person in an identifiable way.

Your participation is voluntary. You may decide not to let your information be used in this way and once given, your consent to participate can be withdrawn at any time. Refusing to sign or withdrawing your consent will in no way impact the services you are about to receive in the Psychological Services Clinic at UNC. Having read the above and having had an opportunity to ask any questions, please sign below if you are agreeing to let information from your file be used for these purposes. If you have any questions or concerns about research participation at UNC, please contact Nicole Morse, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Client Signature/Legal Representative

Date

