

# SYNERGY MENTAL HEALTH SERVICES, INC

## STUDENT INTERN PROGRAM - CONSENT FOR EVALUATION & TREATMENT

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1. **Consent to Evaluate/Treat:** I voluntarily consent to participate in a mental health (e.g. psychological or psychiatric) evaluation and/or treatment by student interns from Synergy Mental Health Services.

The purpose of counseling offered through the Student Intern Program (SIP) is for the clinical training and practice of student counselors. The counseling sessions are not intended to be comparable to the breadth and scope of practice of a licensed professional. Licensed professionals are available for those with insurance or at cash pay rates. The counseling sessions will be conducted by graduate students who are completing coursework in counseling in a licensure track including Clinical Professional Counselors, Marriage and Family Therapists, and Clinical Social Workers. In the course of services, a recommendation may be made that you seek evaluation and/or treatment by a licensed professional.

The SIP students provide counseling under the supervision of licensed mental health professionals. The supervisor is Rebecca Suter, who may be reached by phone at 702-966-3121. All counseling interviews may be video recorded for supervision and training purposes, and may be reviewed in the student's individual and group supervision within the context of the clinical placement course (the academic course during internship).

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2. **Benefits to Evaluation/Treatment:** Evaluation and treatment may be administered with interviews, therapeutic measures, and psychotherapy.

It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis, and education and rehabilitation planning.

Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, better relationships, solutions to specific problems, reduction in feelings of distress, and awareness of strengths and limitations.

The first 1-3 sessions will involve an evaluation of your needs, from which a treatment plan will be developed. During this time, you and your counselor can both decide if the SIP counselor is the best person to provide the services for you to meet your treatment goals. You are encouraged to evaluate this information along with your opinion of whether you feel comfortable working with the assigned student intern.

3. **Charges:** The initial phone call and 30-minute consultation are free of charge. Each individual session costs \$25.00 and is payable by cash, check, or credit card (including Visa, MasterCard, Discover, and American Express).

4. **Responsibilities:** Please make sure that you give a minimum 24-hour advanced notice. If you are unable to provide 24 hours' notice when you cancel, you will be charged for the full rate of the session (exceptions can be made for serious or contagious illness or emergencies). If you have questions about procedures, please discuss them with your counselor. If your concerns persist and are not addressed, you may be referred to another student counselor or to a licensed mental health professional.

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5. **Confidentiality, Harm, and Inquiry:** Information from my evaluation and/or treatment is contained in a confidential medical record at Synergy Mental Health Services, and I consent to disclosure for use by Synergy Mental Health Services staff for the purpose of continuity of my care. Files are maintained electronically via a third party vendor compliant with HIPAA regulations.

Per HIPAA confidentiality law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; 3) if a court order is issued to obtain records; or 4) a medical emergency. Per NRS Chapter 432b, all staff and interns at Synergy are Mandated Reporters and are obligated to make a report to the state registry for any concerns or suspicion of abuse or neglect.

Clients under the age of 18 who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in counseling is often crucial to success in counseling, particularly with adolescents, it is sometimes the policy of the intern to request an agreement from parents that they consent to waive their right to access the child's records. If they agree, during treatment, parents will receive only general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless the counselor believes that the child is in danger or is a danger to someone else. In these cases, the parents will be notified of any concerns. Before giving parents any information, the counselor will discuss the matter with the child and, if possible, handle any objections the child may have in session.

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6. **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.
7. **Expiration of Consent:** This consent to treat will expire one year from the date of signature, unless otherwise specified.
8. **Recording:** Students may use recording devices, including video and audio recorders for training purposes. Recording files are kept on a secure Synergy Server and encrypted without identifying information on the file. Excerpts from files may be transferred via encrypted flash memory devices only for the purpose of use in coursework and must be deleted after use. Session recordings may be viewed by counselor, supervisor, and other students for training purposes. The focus of these recordings is the effectiveness of therapeutic interventions and not on the client. You may speak with your counselor to request that specific sessions not be recorded.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment for myself and/or my child(ren). I also attest that I have the right to consent for treatment. I understand that I have the right to ask questions of my service provider about the above information at any time. I understand that I have the right to select the provider agency of my choice. I hereby release Synergy, its staff, contractors, agents, employees, and students (interns) from any liability for any harm, injuries, or discomfort that may result from the counseling sessions.

_____	_____	_____	_____
<b>Client Signature</b>	<b>Date</b>	<b>Legal Guardian Signature</b>	<b>Date</b>
_____	_____	_____	_____
<b>Client Name (Print)</b>	<b>Client DOB</b>	<b>Witness</b>	<b>Date</b>

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