

Student Counselor Agreement and Acknowledgement Form

I, _____, am a graduate student in the master's degree in _____ program at Liberty University. To complete my degree program, I will be required to provide counseling to actual clients as part of the practicum, internship, or externship course requirement of that program. Accordingly, I agree to fully comply with all policies, rules, regulations and requirements of the healthcare facility/provider at which I perform these activities including, but not limited to, all applicable state and federal laws and regulations, as well as all applicable ethical codes, that govern confidentiality between counselors and clients, including the Health Insurance Portability and Accountability Act (HIPAA). As such, I agree to use and disclose my clients' protected health information only as they authorized by a valid written and signed HIPAA Privacy Authorization and Release Form (see course syllabus for a copy of that form), or as permitted or required by the healthcare facility/provider at which I perform these activities or by law. If I am authorized by the healthcare facility/provider at which I perform these activities to video record counseling sessions, I further agree to delete video recordings of counseling sessions from my device once those video recordings have been uploaded to Blackboard and/or WebEx Teams, and to delete all video recordings and other documents (e.g., written transcripts) from any and all platforms and other locations once they are no longer needed for my course. If I am unsure whether I can delete a video recording or other document, I agree to ask my course instructor before deletion. I acknowledge that my failure to comply with all policies, rules, regulations and requirements of the healthcare facility/provider at which I perform these activities including, but not limited to, all applicable laws, regulations, and ethical codes, as well as directions from my course instructor, may violate Liberty University policy and that I may be subject to sanctions up to and including failure of the practicum, internship, or externship course and dismissal from the program.

Student Signature

Date: _____