RIVERSTONE
Wellness Collaborative

CONSENT FOR INTERN OBSERVATION

The undersigned client or responsible adult consents to and authorizes interns of Riverstone Wellness Collaborative and

_____

[Practice and/or Clinician]

to observe mental health sessions for purposes of education, training and/or quality of service.

The undersigned understands:

1. He/she has a right to refuse to allow interns to observe sessions at any time.
2. The signing of this form has no impact on the provision of services.
3. The observation will only be by interns for purposes of education, training and/or quality of service.
4. This consent is voluntary.
5. This consent remains valid unless the client or legal representative withdraws his/her consent or the client is discharged from services.

Signature of Client _____

Signature of Responsible Adult _____

Date _____

Thank you for your willingness to be observed by a Riverstone Wellness Collaborative Intern. Direct observation is a cornerstone of clinical education. By agreeing to have an intern present in your session, you are providing an invaluable opportunity for a future clinician.

Riverstone Wellness Collaborative