**Counseling Informed Consent Form – Volunteer**

As part of the Counseling programs at Grand Canyon University (GCU), students are required to complete **mock** counseling recorded sessions. In mock counseling sessions, volunteers and students are **required to use fictitious role plays and avoid real-to-life scenarios**. Review of the sessions and feedback will help the students grow in their depth of counseling knowledge and skills.

**Directions:** Volunteer, please complete this form as indicated below. Please read, make sure you understand, and initial each section where indicated. At the end of the form, you need to add your electronic signature and the date.

**Note to Counseling Students:** Please obtain a completed form from the volunteer for each mock counseling session and submit the form as directed.

I, Enter your full name here, understand and agree to each of the following statements:

| **Statements** | **Initial** |
| --- | --- |
| I consent to video/audio recordings being made of mock counseling sessions and to these recordings being used to aid in the growth of counseling knowledge and skills. |  |
| I consent to the excerpts from these recordings, or descriptions of them, being used by the Grand Canyon University faculty and staff for the purposes of supervision, research, and/or teaching. |  |
| I understand that any part of a conversation that is recorded and/or written down will be kept confidential. |  |
| I will not disclose any information that may identify me in the mock counseling session recordings. The information given will be fictional and I will use an alias. |  |
| I understand that Zoom will be used to record counseling sessions and that Zoom meets both HIPAA and FERPA confidentiality standards. |  |
| I understand that if the recording of the mock counseling session activates any suicidal ideation or other potentially harmful thoughts, I will reach out to a professional in my area immediately. Neither GCU, the college, nor the counseling student will be held accountable if I harm myself. |  |

By signing below, I attest that I have read, understand, and agree to the statements above as indicated for the mock counseling recording sessions as required in the Counseling programs. The checked box next to your printed name constitutes your electronic signature.

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| Printed Name |  | Date |  | Electronic Signature Acknowledgement |