



Drexel University Individual, Couple and Family Therapy Clinic

3020 Market Street, Suite 510
Philadelphia, PA 19104

Consent to Treatment & Confidentiality Statement

I/we have read the "consent to treatment information form" explaining the policies, procedures, and fees of the Drexel University Individual, Couple and Family Therapy Clinic (DUCFT).

I/we understand that the DUCFT is an educational clinic that is educating and training graduate students in couple and family therapy. I/we understand that the therapist working with us is a graduate student in the department of couples and family therapy and sessions will be under the supervision of a licensed Marriage and Family therapist and AAMFT approved supervisor.

I/we understand that in order to provide the best therapy possible to our family and myself/ourselves, supervision of our therapy will be conducted. This supervision is done by observing and/or listening to our session through one-way mirrors, audio or video recordings. Only graduate students and supervisors will be present during this supervisory process. Recording will only be used for supervisory and not for education.

I/we understand that information and our identities will be kept strictly confidential and will not be released to any other parties without our written permission except as maybe required by law. The information regarding me /us/ our family will be used solely for the purposes of helping my family with our problems, couple and family therapy research information enhancing the professional skills of the couples and family therapists.

Signature of all family members (14 years of age and older) involved in therapy

_____ Date

_____ Date

_____ Date

_____ Date

Therapist/ Intern _____ Date

Supervisor _____ Date

Since this is a training clinic, there might be opportunities in which couples and family research will be conducted in the clinic for the sake of advancement in the field. Please indicate below if you consent to be contacted for possible participation in research studies. By choosing yes or no you are only agreeing in being contacted for research and not to automatically enrolling yourself in a study

- Yes, I consent in being contacted for future research studies
- No, I do not consent in being contacted for future research studies