

Consent for Participation in Role Play Intake and Session

I understand that Katherine Rivera is taking a class titled GCN 601 OA: Principles and Methods of Counseling Online and is under the instruction of Dr. A'tasha M. Christian, LPC. As a part of class instruction, it is required to conduct a role-played intake session that may (at your option) include some of your personal information. For instructional purposes, some portions of these sessions may be shared during the class discussion between the professor and GCN 601 OA students. I understand that the students have been trained in ethical conduct and that this session will be kept strictly confidential. This means that information is not released to outside persons or agencies regarding the content of this discussion or the fact that you participated in this exercise without your written consent. The purpose of these exercises is to provide "real-life" practice for the counseling skills they are learning.

In order for you to participate, you must agree to the following:

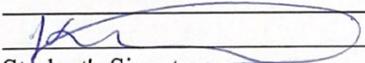
1. You agree that you do not have a mental-health-related diagnosis or are under the treatment of a mental health professional at this time.
2. You may choose to make up facts about yourself, you may opt to use real aspects of your life, or you can choose to do both. You may also opt to use a fictitious name; however, the consent must be completed with your full legal (real) name.
3. You agree to include some or all of the following aspects in your role-play (be they real or fictitious):
 - a. Your age and any generational influences
 - b. Any developmental disabilities
 - c. Any disabilities acquired later in life
 - d. Your religion and/or spiritual orientation (if any)
 - e. Your ethnic and racial identity
 - f. Your socioeconomic status
 - g. Your sexual orientation
 - h. Any indigenous heritage
 - i. Your national origin
 - j. Your gender / gender expression / gender identification
4. You understand that you can choose to stop participation at any time.
5. You understand that the student is NOT providing REAL counseling or any other therapeutic intervention, and if you require or feel that you may be in need of mental health services, you should NOT participate and should seek referrals from your primary care physician.

7. You agree to hold blameless and/or indemnify the student / professor / school of any harm in relation to your participation in this activity and agree that your participation is completely voluntary and free from coercion. If you have any questions, you may contact Dr. A'tasha Christian via email at atasha.christian@allianceu.edu.

8. You agree and consent to be recorded in video to assist the student in this assignment and understand that its content will be reviewed for training purposes.

I have read the above statement, I understand my rights regarding confidentiality and the participation in this activity, and I agree to participate and abide by the terms and conditions as stated in this 2-page consent form, and I have been provided with the option for a copy of this consent form by the student at my request.

Gloria Gavilanes	<i>gloria gavilanes</i>	2/27/23
Interviewee's Name and Signature		Date
	<i>gavilanesg@allianceu.edu</i>	516-972-4094
Interviewee's E-Mail		Interviewee's Phone Number

	<i>2/17/2023</i>
Student's Signature	Date
<i>Rivera K@allianceu.edu</i>	<i>917-582-4193</i>
Student's E-Mail	Student's Phone Number