

St. Clair County Community Mental Health Authority
Consent for Student / Intern Observation

The undersigned individual (or legal guardian if a minor) consents to and authorizes students/interns at St. Clair County Community Mental Health Authority to observe mental health and/or psychiatric sessions for purposes of education and/or training.

Students/interns are required to follow all confidentiality rules and regulations, including those mandated by the Michigan Mental Health Code, Administrative Rules and HIPAA.

The undersigned understands:

1. He/she has a right to refuse to allow observation of sessions at any time.
2. The signing of this form (or refusal to sign) has no impact on the provision of services.
3. The observation will only be by students/ interns for purposes of education and/or training.
4. This consent is voluntary.
5. This consent remains valid unless the individual (or legal guardian if a minor) withdraws consent or the individual is discharged from services.

Printed Name of Individual Served

CMH Case # (to be filled in by CMH)

Individual Served Printed Name

Date

Legal Guardian's Signature (if applicable)

Relationship to Individual

Date

Witness Signature

Date

☐ Individual had previously provided Consent but now wishes to withdraw Consent as of (date) _____ .

Staff Signature

Date