



INFORMED CONSENT FOR SPECIFIC SITUATIONS

Revised Aug 2019

By signing below, I, _____ :
(print name) (date of birth)

• **Emergency Contacts**

... give the TAMU Psychology Clinic permission to contact the people listed below if I experience a medical emergency.

- 1. Name of contact person: _____
 Relationship to you: _____
 Contact's phone number: _____

- 2. Name of contact person: _____
 Relationship to you: _____
 Contact's phone number: _____

• **Weapons**

... understand that fire arms or other weapons are not permitted in the TAMU Psychology Clinic. If I am observed to have a weapon in my possession, I will be asked to leave the building immediately and campus law enforcement officers may be called. I may be permitted to return when the weapon is secured elsewhere.

• **Intoxication**

... understand that if I appear to be intoxicated—or under the influence of any mind-altering substance—before or during my scheduled appointment, services for me may be suspended for that appointment and may jeopardize my continued services at the TAMU Psychology Clinic. I accept that it is my responsibility to secure proper transportation to a safe location if I appear intoxicated. If I cannot do so, I will notify my therapist or evaluator so that he/she can help me make arrangements for safe travel.

• **Child Supervision**

... understand that the TAMU Psychology Clinic is not able to provide supervision or care for children who are in the waiting room or appointment rooms. I accept that I am responsible for my children's—and any children who accompany me—behavior and safety when they are at the TAMU Psychology Clinic.

• **Communication via Unsecured Media**

... understand that TAMU Psychology Clinic staff, therapists/evaluators, and supervisors will not communicate with me—and will not make themselves available to receive communications from me—via any social media or other electronic, internet-/web-based, or mobile device methods (for example, text messages, email, Twitter, Instagram, Facebook, LinkedIn). Communication with clients may only occur by in-person contact, in-print writing, phone calls, FAX-ed information, and phone voice mail systems.

Client's Signature Date

Guardian's Signature Date

Therapist/Evaluator's Signature Date

Faculty Supervisor's Signature Date

Physical Address
Milner Hall—Suite 101
425 Ross Street
College Station, TX 77843-4258
Tel: 979-845-8017; FAX: 979-845-5191

Mailing Address
TAMU Psychology Clinic
Texas A&M University
4258 TAMU
College Station, TX 77843-4258