St. Clair County Community Mental Health

Consent for Observation

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

Observers 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 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.

Individual Served Signature	CMH Case # (to be filled in by CMH)
Individual Served Print Name	Date
Legal Guardian Signature (if applicable)	Relationship to Individual / Date
Witness Signature	Date

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

Signature of Staff — Date

Original to case record file