1b. Due Diligence Agreement for Clinical Practicum or Internship  
COUN 669, 667, 668, 868, & 869  
Old Dominion University, Graduate Counseling Program

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>UIN:</th>
<th>ODU Email:</th>
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Select course:  
__ Practicum  
__ 1st semester Internship  
__ 2nd semester Internship

Select track:  
__ School Counseling  
__ Mental Health  
__ Doctoral

Instructor/University Supervisor:  
Site Name:

Students in the graduate level Counseling programs at Old Dominion University are to abide by the American Counseling Association’s (ACA; 2014) Code of Ethics regarding confidentiality (B.1.c & B.1.d) and the Virginia statutes (Virginia Code § 37.2-400 and Administrative Code 12VAC35-115-80) protecting client information. These codes are referenced in Appendix C of the current CHS Practicum & Internship Handbooks.

As such, students will follow the Recording Policy and Confidentiality of Clinical Supervision Policy in the current CHS Practicum & Internship Handbooks.

By signing this document, I am indicating that I have read the indicated regulations in the ACA Code of Ethics and the Virginia statutes regarding confidentiality and have reviewed the Recording Policy and Confidentiality of Clinical Supervision policies in the current CHS Practicum & Internship Handbooks. I am agreeing to exercise due diligence in following the ACA ethical code, Virginia state law, and CHS program policies and procedures to protect client information.

Student Signature ___________________________________________ Date __________