

FAMILY

THE R A P Y A S S O C I A T E S , L L C

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CLINICIAN IN TRAINING CONSENT

Client Name: _____

I understand that my therapist is a clinician in training and is under supervision; therefore, any services provided may be billed under the supervising provider's license. As part of supervision, the supervisor will be consulting and reviewing my case on a regular basis. I understand that I may request this supervisor to be more involved in my therapy services at any time.

Client Signature: _____ Date: _____

If client is a minor,

Parent/Legal Guardian Signature: _____ Date: _____