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GENERAL INFORMATION & AGREEMENT FOR PSYCHOTHERAPY SERVICES

I, _____, (Client's name)

hereby authorize, recognize, and allow _____, (MFT Intern's name)

a Marriage and Family Therapist Intern [under direct supervision and employment of Dr. Glenn E. McClellan, Ph.D. (license #psy14169), to carry out psychotherapy services and treatment now and during the course of my care as a client.Thank you for taking the time to complete this form. It will take approximately 5 minutes to respond to these prompts and questions. The information obtained here is strictly confidential and will be used to better direct and serve you during our counseling time. If there are some questions you would prefer to bring up in person, feel free to leave them blank or write "will respond later".) Thank you.

I understand that I am seeing a Marriage and Family Therapist Intern who is registered under the State of California with requirements as specified in Business and Professional (B&P) Code Section 4980.40.

I understand that by state law the MFT Intern will receive supervision by Dr. Glenn E. McClellan, Ph.D., California Psychology License # psy 14169.

For educational and training purposes, my sessions with the MFT Intern may be audio and/or videotaped. I understand that I may withdraw my permission for further taping at any time. These tapes will be shared during confidential supervision sessions between the MFT Intern and Dr. Glenn E. McClellan. I understand that reasonable efforts will be made to protect my identity and that if any information is shared, it will be done within the standards of the APA ethical code. Identifying information will be omitted to the extent which is reasonably possible. These sessions are taped to allow the intern to receive direct feedback from their supervisor. This assists the intern in developing their clinical skills and expertise.

I have read and fully understand this Consent for Treatment Form.

PATIENT NAME (PRINT) _____

SIGNATURE _____ DATE _____

MFT INTERN NAME (PRINT) _____

SIGNATURE _____ DATE _____