

Healing Counseling Center Inc.

8751 Collin McKinney Parkway #205
McKinney TX 75070-1658
940-220-9307

8. Master Level Counseling Intern Consent

Master Level Counseling Intern Consent

Ashlie White - Master Level Counseling Intern : Department of Counseling Texas A&M University - Commerce .PO BOX 3011, Commerce TX 75429-3011

Under the Supervision of Healing Counseling Center Therapists: Heidi Johanson LCP, LCDC and Laurie Todd LPC, LCDC

Patient Name::

Patient Date of Birth::

Parent or Guardian Name (if under 18) PLEASE SIGN NA - IF NOT APPLICABLE:

Please review the following statements and Sign Below:

**I agree to be counseled by a counselor trainee in the master's degree counseling program of the Department of Counseling at Texas A&M University-Commerce. This trainee is a graduate student who has completed advanced coursework in counseling and is supervised by a faculty instructor/doctoral student supervisor and a field site supervisor.

** I further consent to the recording by audio or video taping of these counseling sessions for the purpose of supervision and evaluation of my counselor's work. The sole purpose of these recordings is to improve my counselor's skills. I understand these recordings may be reviewed during individual or group supervision meetings directed by my counselor's faculty instructor, faculty supervisor, and/or field site supervisor.

All recordings are considered confidential material and will be treated with professional respect and courtesy according to the Code of Ethics of the American Counseling Association. Tapes will be erased/destroyed after review. Absolutely no recordings will be maintained after the current university semester is completed.

Patient Signature::

Parent or Guardian Signature (If under 18) PLEASE SIGN NA - IF NOT APPLICABLE:

Date::

You may request a copy of this form. Thank you for your willingness to participate in the training of competent professional counselors.

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