



Consent For Treatment With An Intern

I, (individual name) _____, hereby give my written consent to have (intern name) _____, an unlicensed intern who is being supervised by (supervisor name) _____ (LSW, LCSW, LPC, LMFT, Phd, Psyd), to provide my outpatient treatment. This authorization will expire on (date, maximum one year) _____.

This consent may be revoked at any time by written notification to (supervisor name) _____ (LSW, LCSW, LPC, LMFT, Phd, Psyd).

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

Individual Client Signature

Intern Signature

Supervisor Signature