



Informed Consent for Counseling Provided by an Intern or Trainee

Instructions: This document provides important information to you regarding your treatment. Please read the entire document and be sure to ask your primary clinician any questions that you have regarding its contents or ask to speak directly with their clinical supervisor.

Person Served Name: Click or tap here to enter text.

Interns and trainees at Encompass Community Services are supervised by experienced licensed clinicians. Please see below for more information about services provided by interns and trainees:

- You will receive therapy and/or counseling services from trainees and interns who are under the supervision of a licensed clinician. This licensed clinician is employed by Encompass Community Services. Trainees may additionally be supervised by their educational institution.
- Interns and trainees are bound by the ethical guidelines of their professions and adhere to the policies and procedures of Encompass Community Services and their educational institution if applicable.
- Interns and trainees receive intensive ongoing guidance, evaluation, and education in providing clinical services to you. By working with student interns and trainees, each person served receives the benefit of a clinically experienced supervision team.
- The supervision process requires that supervisors of interns and trainees periodically observe their work with you, either directly or through audio or video recordings. This will only happen with your consent.
- This supervision is protected by the same laws pertaining to client confidentiality as stated in the Encompass *Notice of Health Information Practices and Privacy Policies*, which has been provided to you when you began receiving services.
- If you have any questions or concerns about this supervision process, please contact the assigned supervisor listed below.

Click or tap here to enter text. is an intern/trainee at Encompass Community Services. In this setting, they are working under the license of, and is supervised on all of their clinical cases by, the licensed supervisor below.

Name of Supervisor: Click or tap here to enter text.

License information:

- ☐ Licensed as a [LMFT or LCSW] by the California Board of Behavioral Sciences. License # Click or tap here to enter text.
- ☐ Licensed by the California Board of Psychology- License PSY Click or tap here to enter text.

I, the person served or their legal, custodial parent, or legal guardian, acknowledge that I am voluntarily authorizing that I or my child/ward receives services from interns and trainees under the supervision of licensed clinicians at Encompass Community Services. I have been informed of the purpose of the services and any corresponding risks, consequences, and/or benefits.

Person served Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

Conservator/Legal Guardian Signature: Click or tap here to enter text. Date: Click or tap to enter a date.