

MC Wellness

Cristal R. Clark, LPC-S
3327 Winthrop Ave #205
Fort Worth, Texas 76116
(817)994-6962



LPC-Intern Counseling Agreement

Please initial the following statements to acknowledge your understanding.

- I understand that I am seeing a counseling intern for counseling services. This intern is earning hours towards counseling licensure.
- I understand the limits of confidentiality as explained by my counselor and have had the opportunity to ask questions about these limits.
- I understand that I may, at any time, request to see the intern's supervisor, Cristal R. Clark, LPC-S for questions or consultation regarding my therapy.
- I understand that the dynamics of my case will be discussed for staffing and educational requirements with the counseling intern and supervisor.
- I understand that some sessions may be directly observe by the supervisor.
- I understand that some sessions may be audiotaped and/or videotaped for supervision and educational purposes.
- I understand the supervisory relationship and the requirement for supervision do not otherwise affect my right to confidentiality, which will be maintained within the limits of the law.

Client's Printed Name

Date

Signature of client OR guardian, if client is under 18 years of age