

CONSENT FOR TREATMENT WITH AN INTERN

I, _____, authorize and request that _____, an unlicensed intern under the direct supervision and employment of

_____, [MA/MS/MSW/Ph.D.] [a licensed psychologist/ licensed social worker/ licensed counselor], carry out psychological *examinations, treatments* and/or diagnostic procedures which now or during the course of my care as a patient are advisable.

I understand that the purpose of these procedures will be explained to me and be subject to my agreement.

I, _____, hereby give my written consent to have _____, an unlicensed intern, disclose any medical, psychological or personal information concerning me to

_____,
[MA/MS/MSW/Ph.D.] .

This authorization expires on _____.

It may be revoked at any time by written notification to _____ [MA/MS/MSW/Ph.D.] .

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

DATE Client Signature

DATE
Supervisor Signature

DATE Intern Signature