



INFORMED CONSENT TO RECIEVE COUNSELING SERVICES
FROM A REGISTERED INTERN

I understand that my counselor at Crosspoint Counseling Center is a registered mental health intern or a registered marriage and family therapist intern and is providing my counseling sessions as a part of his or her state licensure internship hour requirements. As an intern, I understand that my counselor is operating under the direct supervision of a qualified supervisor (Dr. Alyssa Gavulic; agavulic@yourcrosspoint.org).

I also understand that the content of my counseling sessions may be discussed with my counselor's supervisor and other registered interns only for the purposes of supervision and ongoing training in counseling skills.

The identifying data will be modified to protect confidentiality during case discussions and the name, DOB or other identifying information will not be used in discussion of the case. Although, the content of these sessions is kept confidential there are several exceptions to confidentiality such: if I report potential harm to self, harm to others, abuse of a minor, abuse of an elder, and/or abuse of an impaired person, and/or if there is a court order.

Client Name (Please Print)

Client's Signature

Date

Counselor Name (Please Print)

Counselor's Signature

Date