



**Informed Consent for  
Counseling Provided by an Associate or Trainee**

**Client Name:** \_\_\_\_\_

The Encompass mission is to build on the strength of people working together to create healthy changes in their lives and the community. Part of what makes this possible is our commitment to training mental health counselors, which allows Encompass to provide low cost counseling and therapy services. Services are provided by supervised interns who are being trained in the most current therapeutic practices and who are supervised by licensed clinicians.

\_\_\_\_\_ is an Associate/trainee at Encompass Community Services. In this setting they will be working under the license of and is supervised on all of their clinical cases by, the licensed supervisor below.

- Name of Supervisor:** \_\_\_\_\_  
Licensed Marriage and Family Therapist (LMFT) or Licensed Social Worker (LCSW)  
License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
- Name of Supervisor:** \_\_\_\_\_  
License issued by the California Board of Psychology  
License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

This supervision is protected by the same laws pertaining to client confidentiality as stated on the Encompass HIPPA policies, which should be provided to you. If you have any questions or concerns about this supervision process, please feel free to contact the above supervisor.

By signing below, you are indicating that you have read and understand this notice of treatment by a trainee or intern and that you give your consent for this individual and their clinical supervisor to consult together.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conservator/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Instructions for Informed Consent**

As a part of the informed consent process, trainees/interns are required to discuss their licensing status with clients before the commencement of treatment services. Clients must give their consent to receiving clinical treatment services (e.g., individual or group therapy) from an unlicensed clinician.

Once the client's consent has been obtained, the client should receive a copy of the signed consent form, and a separate copy should be kept in the client's chart. If the client has an electronic medical health record (e.g., AVATAR), then the form should be scanned and saved in the client's health record. Please check with your program supervisor to determine the best location in AVATAR to store this type of information.

### **Supervisor List:**

Celia Goeckermann: Licensed Marriage Family Therapist #33318

Sandra Legallet: Licensed Clinical Social Worker #18577

Eileen McCormick: Licensed Marriage Family Therapist #41791

Kelly Sumner: Licensed Marriage Family Therapist # 44629

Bernadette Franzel: Licensed Marriage Family Therapist # 92448

Giovanna Morelli Licensed Clinical Social Worker #24932

Inbal Yassur: Licensed Marriage Family Therapist #34898

Bree Bode: Licensed Marriage Family Therapist # 47319

Rajan Christian: Licensed Marriage Family Therapist #82016