

McClellan and Associates

Glenn E. McClellan, Ph.D.

License # psy 14169

GENERAL INFORMATION AND AGREEMENT FOR PSYCHOTHERAPY SERVICES

I, _____,
(Client's name)

Hereby authorize, recognize, and allow

(MFT Intern's name)

a Marriage and Family Therapist Intern [under direct supervision and employment of Dr. Glenn E. McClellan, Ph.D. (license #psy14169), to carry out psychotherapy services and treatment now and during the course of my care as a client.

I understand that I am seeing a Marriage and Family Therapist Intern who is registered under the State of California with requirements as specified in Business and Professional (B&P) Code Section 4980.40.

I understand that by state law the MFT Intern will receive supervision by Dr. Glenn E. McClellan, Ph.D., California Psychology License # psy 14169.

For educational and training purposes, my sessions with the MFT Intern may be audio and/or videotaped. I understand that I may withdraw my permission for further taping at any time. These tapes will be shared during confidential supervision sessions between the MFT Intern and Dr. Glenn E. McClellan. I understand that reasonable efforts will be made to protect my identity and that if any information is shared, it will be done within the standards of the APA ethical code. Identifying information will be omitted to the extent which is reasonably possible. These sessions are taped to allow the intern to receive direct feedback from their supervisor. This assists the intern in developing their clinical skills and expertise.

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

CLIENT _____
Print Name of Client Signature of Client –OR– Parent/Guardian of Client Date

MFT Intern _____
Print Name of MFT Intern Signature of MFT Intern Date