

Life Skills Center
Los Angeles Harbor College
AGREEMENT FOR CONSULTATION

Today's Date: _____

Please read each section and check each box to show that you have read, understood and agree with each statement.

- The counseling services I receive will be rendered by a: Clinical Psychology intern or trainee; or a Marriage and Family Therapist (MFT) intern or trainee, who is supervised by a licensed supervisor.

- Information discussed in my counseling/coaching sessions will be held confidential and will not be shared without my written consent except in cases of mandated reporting under the following conditions:
 - If student threatens physical harm to self or other(s).
 - If counselor/coach knows, or suspects child abuse.
 - If counselor/coach observes, reasonably suspects, or is directly informed of abuse of elder patient (65 years or older) or dependent adult patient.

- I understand that as an intern, my counselor/coach will discuss my sessions with her/his supervisor.

- I understand that in accordance with the State of California licensing requirements, my counselor/coach must be observed by her/his supervisor, and that this observation may be in the form of an audiotape. I further understand that these sessions will only be taped with my permission and full awareness, and will be erased immediately following their supervisory use.

- If I am not satisfied with my counselor/coach, or if my counselor/coach leaves the Life Skills Center, I may request a transfer to another counselor/coach either by contacting the Director of the Life Skills Center, or by completing a form. This information will be completely confidential.

- Upon my termination of counseling/coaching, I may be asked to complete a confidential "exit survey."

My signature below indicates that I understand agree to the above.

Client (print)

Signature

Trainee/Intern (print)

Signature

Supervisor

License#

Date