

NOTICE REGARDING TREATMENT BY AN INTERN

Your assessment and treatment at Family and Children Services will be provided by Xxxx Xxxx, who is a Marriage and Family Therapist Trainee, and is working at Family and Children Services as part of her clinical training. When she completes her xxxx Ms. Xxxxx will be eligible to register as a _____, and eventually apply for licensure as a Licensed Xxxxxx in the State of California.

During her internship at Family and Children Services, Mx Xxxxxx is being supervised by XXXXXXXXX XXXXXXXXXX, a Licensed Marriage and Family Therapist in the State of California (License # MFC XXXXX). Your therapist will be consulting with Mx. XXXXXXXXX about your treatment.

If you have any questions about this process, please discuss these with your therapist.

Client's Signature

Date

Parent/Guardian's Signature

Date

Witness Signature

Date

(Courtesy of Family and Children Services)