

Informed Consent for Counselor Associate

Thank you for choosing our group for help with your counseling needs. Our Licensed Professional Counselor Associates (LPC-Associate) allow us to provide quality counseling at a reduced rate to the community.

Your counseling associate has completed a master's degree in counseling from an accredited graduate school and has passed the National Counselor Exam, allowing them license to provide counseling services under continued supervision through the Texas State Board of Examiners of Professional Counselors, a division of the Texas Behavioral Health Executive Council.

A Licensed Professional Counselor Supervisor (LPC-S), who has additional training and is licensed by the State of Texas to do so, oversees all your counselor's cases. The supervisor will periodically review and discuss your counseling sessions in an effort to make sure that you receive the best care possible. This review may include discussion, notes, and constructive feedback with your LPC-Associate of any topics discussed in your counseling session. Your counselor may request videotaped sessions, with your knowledge and permission, so that their supervisor may view the session.

Your LPC-Associate is _____

and the name of his/her license supervisor is _____

The license supervisor's license number is: _____

The license supervisor's contact information is the following:

Address: _____

Telephone number: _____

Email address: _____

By signing below, you are stating that you have been informed of the qualifications of your Licensed Professional Counselor Associate and the role of the Licensed Professional Counselor Supervisor. If you have any questions, they need to be discussed prior to signing this document.

(Client/Guardian Signature)

(Date)

(Counselor's Signature)

(Date)