

# METROPLEX COUNSELING

A Center for Biblical Soul Care

209 N. Industrial Blvd.  
Ft. Worth, TX 76126

817-584-3361  
[www.metroplexcounseling.com](http://www.metroplexcounseling.com)

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## INTERN CONSENT FORM

Your counselor holds a temporary license from the state of Texas, and is working towards obtaining the required 3000 hours to obtain professional licensure. He or she holds a graduate degree in counseling, and is currently under a state approved clinical supervisor. Your counselor's supervisor is \_\_\_\_\_, and you may find his or her contact information below. Should you have any concerns regarding the counsel you are being given, please feel free to contact his or her clinical supervisor AND the director of this office.

**Clinical Supervisor Contact Information:**

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Center Director Contact Information**

**Name:** Steve Clay, M.A., L.P.C.

**Phone:** 817-584-3361

**Email:** [steve@metroplexcounseling.com](mailto:steve@metroplexcounseling.com)

By signing this document, you acknowledge that you have been informed of the intern status of your counselor. You also agree to allow your counselor to confer with his/her supervisor and director regarding your case for the purposes of professional training. Should you have any questions or concerns regarding this issue, please promptly bring this to your counselor's attention. We are here to serve you!

Client/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_