

# METROPLEX COUNSELING

## A Center for Biblical Soul Care

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

817-584-3361  
www.metroplexcounseling.com

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### **PRACTICUM CONSENT FORM**

Your counselor is a student working towards his or her graduate degree in counseling. As part of the requirements of the degree program, he or she must engage in face to face counseling. Your counseling is under the close supervision of a licensed professional, and will be seeking guidance from him/her as it regards your case. Supervision consists of weekly case review, as well as occasional video or audio taping of sessions, with the client's permission. All information divulged in the counseling session remains confidential, whether or not taping takes place. Both your counselor and the case supervisor will respect your rights to confidentiality.

I do \_\_\_ do not \_\_\_ give my consent for video or audio taping.

The supervisor under which your counselor is working is listed below. Additionally, the president of Metroplex Counseling has been listed should you deem it necessary to confer with him as well.

#### **President Contact Information**

**Name:** Jeremy Lelek, M.A. Ph.D., L.P.C.

**Phone:** 817-571-4110

**Email:** Jeremy@christiancounseling.com

By signing this document, you acknowledge that you have been informed of the practicum student 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: \_\_\_\_\_