

METROPLEX COUNSELING

A Center for Biblical Soul Care

209 N. Industrial Blvd. #237
Bedford, TX 76021

817-571-4110
www.metroplexcounseling.com

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. Communications between you and your counselor and your records, however created or stored, will be confidential under applicable statues and rules. Neither your counselor, nor the supervisor, will disclose any communication, record or identity of you, except as provided by applicable statues or rules.

I do____ do not____ give my consent for video or audio taping (initial in appropriate blank).

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

Director Contact Information:

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

Address: 209 N. Industrial Blvd.#237
Bedford, TX 76021

Phone: 817-571-4110

Email: steve@metroplexcounseling.com

President Contact Information

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

Address: 209 N. Industrial Blvd.#237
Bedford, TX 76021

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: _____