



CONSENT AND AGREEMENT FOR CLINICAL OBSERVATION

We at Houston Relationship Therapy are dedicated to empowering our clients to a place of new possibilities through a process of healing and growing within a supportive and compassionate environment. As a part of HRT's efforts to ensure that quality care is provided to all our clients, we encourage student interns to observe sessions by therapists as a part of their internship experience.

Please INITIAL if you are willing to allow for preparation of competent therapists for our community in the future.

_____ I hereby submit my consent to HRT for a staff intern to sit in and observe my sessions with a therapist.

AGREEMENT: By signing below, I Acknowledged that I have read, understood and agree to everything in this Agreement. I am voluntarily consenting to the above. I understand that I may revoke this authorization in writing at any time for any reason. In the event that I decide to rescind this agreement I will inform my therapist and/or front office staff for the requested changes to take place.

Date: _____

Client Printed Name

Client Signature

Date: _____

Client Printed Name

Client Signature

Therapist Signature