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**Treatment with Intern Informed Consent Form**

I understand that my child, my family, or myself will be receiving therapy services from a student intern who is under the supervision of LIFT Wellness Group, LLC. All interns are supervised at LIFT Wellness Group, LLC by Director of Clinical Services, Jessica LePera, LMFT, and the acting supervisor for their educational institution. Student interns are bound by the ethical guidelines of their profession and adhere to the guidelines specified by the LIFT Wellness Group, LLC services agreement, Telehealth Service Consent, Internship Supervision Agreement of their educational institution and Notice of Privacy Practices / HIPAA.

Student interns have completed most masters level education from their educational institution in their field of study, have demonstrated core competencies and have been determined by their educational institution as ready to apply his or her clinical skills to working with clients.

Student interns receive intensive ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and your family members. By working with a student intern, each client receives the benefit of a clinically experienced supervision team assisting in assessment and treatment planning to address concerns in therapy. Student interns provide counseling sessions without a supervising clinician present.

I, the client or his/her legal, custodial parent, or legal guardian, acknowledge that I am voluntarily authorizing treatment for myself or my child at LIFT Wellness Group, LLC, by a Student Intern. I have been informed of the purpose of the treatment, the services which may be provided, and any attendant risks, consequences, and/or benefits.

Because services provided by a student intern are not reimbursable through insurance out of network benefits, sessions with a student intern are offered at a sliding scale of $110.00 per visit.

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Client Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature