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Consent for Treatment with a Student Intern

You can type directly into the shaded fields on a computer, or print this form and fill it in by hand. Please sign and date where indicated.

I have decided that I would like to take advantage of the Low Cost Psychotherapy Program at Lisa F. Ligammari, LCSW, LLC Counseling Services & Associates. I agree that I or my child will see a student intern. The intern will be supervised weekly by a senior therapist that has been trained and certified in supervision with interns and associate therapists. If I have any questions or concerns I can bring them up with my therapist or contact the assigned supervisor for this student intern. I understand that my fee is self-pay and I am unable to submit receipts to my health insurance company. I am aware that the student intern may have a limited time to counsel at Lisa F. Ligammari, LCSW, LLC Counseling Services & Associates. I am also aware that my student intern will only be able to provide services in the Low Cost Psychotherapy Program here at Lisa F. Ligammari, LCSW, LLC Counseling Services & Associates and charge very reduced fees until the internship is over and they have graduated to an Associate Counselor in the field. At that time the fees will need to be renegotiated and we may then consider the use of your health insurance company for reimbursement if allowed under your plan.

Name: _____

Signature of Client or Guardian: _____ **Date:** _____