

12141 Ladue Road • St. Louis, MO • 63141-8120

314-878-4340 Phone • 314-878-4524 Fax

info@careandcounseling.org • [www.careandcounseling.org](http://www.careandcounseling.org)

CONSENT FOR SERVICES – RESIDENT THERAPIST ADDENDUM

Welcome to Care and Counseling.

Care and Counseling’s Clinical Residency Program provides advanced, post-graduate training to Resident Therapists. Resident Therapists hold a master’s or doctoral degree, and are completing the state requirements towards licensure as Professional Counselors, Clinical Social Workers, Marriage and Family Therapists, and Clinical Psychologists. During this time as provisionally licensed professionals, the Resident Therapists are supervised both through individual supervision with a licensed therapist and through group supervision with the Clinical Director of Care and Counseling.

The Resident Therapists help fulfill the mission of Care and Counseling by providing services at a fee reduced from the standard fee, which is $190 for an initial appointment, and $175 for ongoing appointments. For those whose household income does not support the standard fee, an adjusted-fee scale or subsidy through our Client Assistance Fund is available. Eligibility for these adjustments is required and depends on available resources. Please discuss the fee with your therapist.

Care and Counseling prides itself on the quality and integrity of the training provided in the Clinical Residency Program, and thus on the services provided by the Resident Therapists.

Client Consent

My signature below indicates that I reviewed this document, understand I will receive services from a Resident Therapist working towards licensure, and authorize the services. I am 18 years of age or older or I have legal custody of this minor child(ren).

Client Name (Print):

Client Signature: Date:

Therapist Name: (Insert Name Here)

Therapist Signature: Date:

Supervisor Name and License Number: (Insert Name / License Number Here)