



SUPERVISOR INFORMED CONSENT AND AUTHORIZATION

Julia Folden is a Licensed Associate Counselor (LAC-13887) recognized by the Arizona Board of Behavioral Health Examiners (AZBBHE). As an LAC, Julia is accruing hours and working toward independent licensure as a Licensed Professional Counselor (LPC). Julia is an independent contractor, and works directly under the supervision of Chris S. Andersen, MA LPC, who is an AZBBHE-approved clinical supervisor. As the clinical supervisor, Chris S. Andersen will have direct access to your counseling information and records. All clients are clients of NWCC, and not the independent contractor.

In accordance with the supervision requirements set forth by the AZBBHE, your counselor may discuss information regarding her clients with her supervisor, for the purpose of receiving consultation and clinical supervision. Occasionally, your counselor may also participate in clinical staffings or group supervision, in which they discuss and review cases with other professional colleagues for the benefit of continued professional growth and professional consultation and review. Initials (not names) are used during supervision and staffings, to protect the confidentiality of the client (except when confidentiality is limited, such as duty to report, danger to self or others, etc).

Any questions or concerns pertaining to Julia Folden's therapeutic services should be directed to Chris S. Andersen, MA LPC, at 623-680-8172, via email at chris@nwchristiancounseling.com, or in writing at the following address:

ATTN: Chris Andersen
Northwest Christian Counseling
17505 N. 79th Ave., Suite 305E
Glendale, AZ 85308

This consent and authorization will be in effect for one year from the date signed. The client (or parent/guardian in the case of a minor) has the right to revoke this consent and authorization at any time. To revoke this consent, please send a request, in writing, to the above address.

By signing below, you are acknowledging that you are voluntarily entering into a therapeutic relationship with Julia Folden, and that you authorize her to share information discussed in sessions with her clinical supervisor, Chris S. Andersen MA LPC.

Please check box if you consent for sessions to be audio taped for review by the Clinical Supervisor.

Signing indicates that you have read and understood this disclosure statement.

Client 1: _____ Date: _____
Name (printed) *Signature*

Client 2: _____ Date: _____
Name (printed) *Signature*

Northwest Christian Counseling, LLC

NOTE: This form contains protected/confidential information that can't be released without the client's consent.

Supervisor Informed Consent and Authorization (JF)