Claremont Counseling and Support Center
Intern Status Disclosure

www.claremontcounseling.com
250 W. First Street Suite 230
Claremont, CA 91711
909-624-1997
909-624-4409

This is to inform you that the work of your therapist intern is being supervised by Kari Halko-Weekes, Ph.D, Lic. MFT #MFC 34551. This supervisor has full responsibility for the supervised work of Jennifer J. DeVall M.S., IMF 50080. In order to insure the highest standard of care, supervisors meet with their supervised therapist interns weekly and review the progress of their work with you. The limits of confidentiality delineated in the Clients Rights and Responsibilities Form apply to supervision. The supervisor working with your therapist intern is listed below and is available for consultation upon your request. This form will become part of your clinical record and will be provided to you upon request. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist intern. Signing this form acknowledges your informed consent for treatment by a therapist intern under clinical supervision.

Therapist Intern: Jennifer J. DeVall, M.S., IMF 50080
Supervisor: Kari Halko-Weekes, Ph.D, Lic. MFT #MFC 34551

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM.

_____ _____
Client Signature **Date**

_____ _____
Printed Name **Date**