

**Consent to Treatment with a  
Licensed Professional Counselor Intern (LPC Intern)**

I understand that my counselor \_\_\_\_\_  
is recognized by the state of Texas as an L.P.C. Intern, and has earned a  
Master's degree in counseling from a fully accredited university. As a  
continuing part of the licensing process, my counselor is required to discuss  
their cases with a supervisor(s). The discussion of my case is for the express  
purpose of my counselor's continued growth and improvement. Every effort  
will be made to protect my privacy and confidentiality.

I consent to treatment with an LPC Intern and I consent to my case being  
discussed for supervision purposes only. I am also aware that I have the right  
to speak with my counselor's supervisor, Dr. James Kelly Barnett at 512-  
948-9898, at any time regarding any questions or concerns about this or any  
other situation, now or in the future.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Parent/Guardian Signature if minor client

\_\_\_\_\_  
Date