

TRAINEE ACKNOWLEDGEMENT

Intuition Wellness Center is a training institution committed to making high quality clinical services and programs accessible to Southern Arizona children, young adults and families. Intuition Wellness Center partners with psychology graduate programs and invites graduate student trainees to learn and serve with the clinical team.

Working with a trainee has many benefits. Clients of trainees receive a comprehensive team approach to treatment because therapists in training receive a high level of supervision from experienced clinicians at Intuition Wellness Center as well as training and instruction from University of Arizona's Clinical and School Psychology graduate faculty. Trainees are well-informed of the latest research and therapy approaches. Trainees have fewer clients so as to devote more time to providing individualized care to their clients.

By signing this document, I acknowledge understanding that:

- *My therapist/my child's therapist is completing training to earn a doctoral degree in Clinical Psychology or School Psychology. My/my child's therapist is not independently licensed.*
- *My therapist/my child's therapist will be closely supervised. Supervision can involve direct observation of treatment sessions, review of taped recordings of treatment sessions, and frequent case consultation. Supervisors are fully aware of my rights and limitations to confidentiality.*
- *I may contact a supervisor at any time if I have concerns about my treatment/my child's treatment.*
- *My therapist/my child's therapist is likely to stay at Intuition Wellness Center for one academic year and then move on to other training opportunities.*

Yes, my/my child's therapist has provided me with contact information for a direct supervisor who is independently licensed in Arizona.

I UNDERSTAND THAT MY TYPED NAME BELOW REPRESENTS MY ELECTRONIC SIGNATURE.

Client Name *Signature of Client* *Date*

Guardian Name *Signature of Guardian* *Date*

Guardian Name *Signature of Guardian* *Date*

Team Member Witness Name *Signature of Witness* *Date*