TREATMENT BY INTERN INFORMED CONSENT AND RELEASE

I understand that my child, my family, and/or myself will be receiving therapeutic services from Breezie Ray, a student intern who is under the supervision of Trishanna Jones at Atlas Counseling LLC, & Dr. O'Donnell O'day at The Seattle School of Theology & Psychology. This student intern has completed the required education and competencies necessary to be deemed ready to apply their clinical skills to working with clients. The intern receives ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and/or your family members.

By working with a student intern, you receive the benefits of a clinically experienced supervision team assisting in assessment and treatment planning to address your concerns in therapy with no cost for the duration of their internship period.

To provide you the best care, we require our student interns to take active notes during client sessions & check in regularly with case material for supervision. To ensure your privacy, all documentation, (ex: case notes), and recordings (ex:voicemail) must be stored on a password-protected device or in a locked file, client files and digital materials will be kept for 2 years after care, enacted following the termination actual date of therapy.

Your signature confirms your informed consent to receiving therapy services from a student intern under supervision and your informed consent to discussion, case management, or external consultation of therapy sessions and subject matter (to include potential play, artistic creations, or text/email communications had) be used for the purpose of providing supervision on your case.

You agree that subject matter, these materials, and case itself may not be used for any other purposes outside case need or academia.

You may terminate this agreement in writing at any time by submitting (ex: e-mailing) your request to Primary Supervisor, Trishanna Jones.

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Signature	Printed Name	Relationship to client	Date	