

## Intern Therapist Agreement Addendum

I understand that the therapist I am seeing is a graduate student at St. Mary's University who is in the Marriage and Family Therapy (MFT) or the Marriage and Family Therapy Graduate Certificate program, or is a recent graduate who is still receiving training. I understand that if he or she is a current student he or she is supervised at St. Mary's as a part of a practicum class and in addition Jennifer Stoos of Rekindle Counseling provides consultation\* to this student.

In addition, I understand that at times Jennifer Stoos or another counselor at Rekindle Counseling will join the therapist and me during a session or sessions to assist the student in his or her assessment, treatment planning, or goals. Jennifer Stoos of Rekindle Counseling will also oversee my paperwork and records.

The intern learning process includes significant oversight. Students present cases and receive feedback both in their practicum class and in individual supervision. Recent graduates receive individual supervision. I understand that these presentations do not use identifying information unless I have given prior permission for identifying information to be used. In addition the intern may ask my permission to videotape a session or sessions to be used in this process (usually a very short segment is used to help the intern get feedback on his or her work). Participation in videotaping is optional and I will not be denied services if I decline to give permission for videotaping. If I do give permission for videotaping after the student has presented the information the tape will be overwritten or destroyed.

I understand that my records will remain at Rekindle Counseling for the duration of the time such records are to be kept and will be governed by state and federal privacy laws.

Finally, I understand that my therapist is a graduate student or a recent graduate, and as such may be at Rekindle Counseling for a limited time. I will be notified at least 30 days before my intern term will be ending (except in cases of unforeseen circumstances) and I will have the choice to 1) continue with my therapist in a new location if that is possible (creating a new therapy agreement and file at that new location); 2) be transferred to another intern therapist at Rekindle Counseling if one is available; 3) transfer to another counselor at Rekindle Counseling at regular non-student billing rates, or 4) be given three referrals to other therapists or therapy clinics.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

\*Consultation meets the requirements St. Mary's has for on-site supervision.