



CLAUDIA COOPER, PLLC AND ASSOCIATES
dba New Hope Counselors
10188 E Winter Sun Dr.
Scottsdale, AZ 85262
Phone: 480-500-8869

Supervision Consent Form

I _____ understand that my therapist, _____
_____ is working under the clinical supervision of Claudia
(Chloe) Cooper, LPC, LISAC.

Within the context of supervision, my therapist may be sharing the content of client sessions and notes, with her clinical supervisor. All attempts to guard my confidentiality will be made. I may contact Claudia Cooper at 480-500-8869 or at chloe@ScottsdaleTherapist.org any time.

Client Signature Date

Therapist signature Date