



**Erica Encarnacion Intern Therapist’s Informed Consent**

This document outlines your rights during the therapy process, as well as information about your therapist-in-training. Please read the information carefully before signing.

**EDUCATION AND TRAINING**

I recently graduated this year 2020 with my Bachelor’s in psychology at Seattle Pacific University. I am currently a graduate student at SPU in their Marriage and Family Therapy program, expected to graduate next year in the summer of 2022. I have worked as a bilingual receptionist for Mason General Hospital for over 5 years, I also have an additional 5 years working in the hospitality industry. Through my work experience, I have gained skills in working with a diverse clientele. With my current training at SPU and my job, I know I can progress in my skills to provide for families, couples, and individuals seeking therapy. Some of the theories that interest me are Narrative Therapy and Emotional Focused Therapy with a holistic approach. I also take into consideration spirituality and religion in therapy. For many, this is a source of strength and meaning in life. And as an MFT grad student, I want to promote healing and wellbeing for all.

**RECORDING AND OBSERVATION**

Counselors-in-training receive consultation and supervision. To aid this, I must request to have your sessions recorded and/or observed. Information and recordings will be treated according to current professional ethical standards. Confidentiality will be strictly maintained; information will not be released to any other person or agency outside my educational experience without your written permission. In accordance with Washington state laws, written records will be maintained for the appropriate length of time and then properly destroyed. Recordings of all sessions will be used for supervision and consultation purposes only, they will be maintained on HIPPA-compliant software, they will be destroyed when the quarter is completed. Please read the statement below and sign if you agree. If you have question, please talk them over with me.

I agree to the **recording and/or observation** of my sessions. I understand that confidentiality will be maintained, written records will be maintained, and that professional ethical standards will be observed in this process. I also understand that I may request the identities of all individuals observing my record counseling sessions. Recordings will be destroyed following my supervision experience in the counseling program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date