



**Kim Goerlitz, 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 am currently working toward my master’s degree in Marriage and Family Therapy at Seattle Pacific University. I come to the MFT field as my second career. My previous background is in public relations. I set aside that career to raise two now young adult children, one of whom was born with significant health challenges and developmental delays. During this time, I also cared for my terminally ill parents. These experiences led me to become involved with several non-profits, specifically those which foster community building, resilience, and social-emotional learning. Along the way, I became passionate about breaking the stigma around mental health and about making high-quality care accessible to 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