

CHRISTIAN COUNSELING SERVICES
1717 N. 77th St. #15
Scottsdale, AZ 85257
602 694 5403

Clinical and Agency Supervision Consent Form

I _____ understand that my therapist, **Claudia (Chloe) Cooper, LASAC** is working under the clinical supervision of **David Seth Jenkins, LISAC, LPC and receives agency over-site by Jennifer Cecil, LPC**. Within the context of supervision, Ms. Cooper may be sharing the content of client sessions and notes, with her clinical supervisor and agency. All attempts to guard my confidentiality will be made. I may contact David Seth Jenkins at **480.318.9707** or at **seth@springboardrecovery.com** any time and Jennifer Cecil can be reached at Christian Counseling Services office at 602.694.5403.

Client Signature

Date

Therapist signature

Date

Agency signature

Date

Clinical Supervisor signature

Date