



I _____ (FULL NAME) agree to accept counseling services by Leesa Perez, MEd, Licensed Professional Counselor-Associate (LPC-A). I understand that she currently holds a provisional license and is supervised by Lynette Guerra, LPCS and site supervisor Terry Young MS, LPC, LCDC until she has reached 3000 post-graduate supervised hours.

Any questions that I have concerning this statement have either been addressed upon this meeting or can be directed to Leesa Perez, Lynette Guerra, or Terry Young at any time in the future.

Client Signature

Date

Staff of Clinician Signature

Date