

Chino Hills Counseling
Intern Status Disclosure
www.chinohillscounseling.com
3833 Schaefer Ave., Suite K
Chino, CA 91710
909-590-2260

This is to inform you that the work of your therapist intern is being supervised by Kari Halko-Weekes, Ph.D., LMFT, MFC #34551, PSY 22121. This supervisor has full responsibility for the supervised work of Michael Tognetti, MA IMF 64846. In order to insure the highest standard of care, supervisors meet with their supervised therapist interns weekly and review the progress of their work with you. The limits of confidentiality delineated in the Clients Rights and Responsibilities Form apply to supervision. The supervisor working with your therapist intern is listed below and is available for consultation upon your request. This form will become part of your clinical record and will be provided to you upon request. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist intern. Signing this form acknowledges your informed consent for treatment by a therapist intern under clinical supervision.

Therapist Intern: Michael Tognetti, MA IMF 64846

Supervisor: Kari Halko-Weekes, Ph.D., LMFT, MFC #34551, PSY 22121

* I understand that Michael Tognetti is a pre-licensed provider and that I am responsible for any and all costs incurred in the course of therapy with him. I understand that insurance companies do not reimburse for pre-licensed providers. _____Initials

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM.

Client Signature

Date

Client Signature

Date