



Agreement & Consent to Treatment by a:

- Registered Psychological Assistant # _____
- Registered Behavior Technician # _____
- Assistant Clinical Supervisor
- Psychology Intern
- MFT Intern

I consent to treatment, procedures and services rendered to myself (or client, if a minor), by

_____.

I understand that the above named staff person practices under the direct guidance, supervision, and responsibility of the following licensed or credentialed professional who is approved by:

- CA Board of Psychology CA Board of Behavioral Sciences Behavior Analyst Certification Board

- Caroline Huarte, Ph.D., BCBA-D (PSY25564, BCBA-D 1-14-15842)
- Koreen Ferguson, LMFT, (LMFT 84929)

No services will be rendered by a People's Care staff person for which they have not received the appropriate training and/or certification.

I further understand that all charged services rendered to myself (or minor clients), are payable directly to People's Care Behavioral Health as the employer of the above named staff person.

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Signature

Signature

Date

Date