

Treatment with Psychologist Service Extender Informed Consent

I understand that my child, my family, or myself will be receiving therapy services from a Psychological Service Extender who is under the supervision of Deborah Every, PsyD, a licensed psychologist in the state of Idaho and the designated supervisor on file with the Idaho State Board of Psychology for Jessica Neighbors, PsyD, LCSW.

Psychological service extenders are bound by the ethical guidelines of their profession and adhere to the guidelines specified by A New Beginning Counseling Center's informed consent, Service Extenders Supervision Agreement and Notice of Privacy Practices / HIPAA.

Psychological service extenders have a doctoral degree from their educational institution in their field of study. They have demonstrated core competencies and are ready to apply their clinical skills in working with patients.

Psychological service extenders receive ongoing guidance, evaluation, and education in providing excellence in clinical skills to you and your family members. By working with a Psychological service extender, each patient receives the benefit of both their therapist as well as clinically experienced supervision who collaborate in assessment and treatment planning that address patient goals in therapy.

Psychological service extenders provide counseling sessions without a supervising psychologist present. Deborah Every, PsyD is located at 1221 W. Hays St. Boise, Idaho 83702 and may be contacted at (208) 546-9155 if there are any concerns, especially those that are not satisfactorily resolved with your treating therapist.

Sessions conducted by Psychological service extenders may include recording of sessions, for use in supervision. Recordings may not be used for any other purposes than for use in supervision, are stored on a password protected device and are destroyed at the termination of therapy.

Patients may terminate this agreement at any time.

I, the client or his/her legal, custodial parent, or legal guardian, acknowledge that I am voluntarily authorizing treatment for myself or my child/ward at A New Beginning Counseling Center, with Jessica Neighbors, PsyD, LCSW a service extender on record with the Idaho Board of Psychology. I have been informed of the purpose of the treatment, the services which may be provided, and any attendant risks, consequences, and/or benefits.

Client Name (Printed)

Date

Responsible Party Signature

Date