

CLIENT PERMISSION FOR ADDITIONAL TREATMENT SERVICES

All professional treatment given at **The Psychology Center, Inc** is under the general supervision of **Dr James Davenport**, who is Administrative Director of the Center. He also provides on-going supervision or collaboration to all other therapists that you may be working with since it is his private practice office, and even though our other therapists may already have their own licensing with the State of Illinois, and are more recently trained. So for your convenience there are additional professional staff for you to work with.

These additional staff and treatment services may include:

1. Supervision to your therapist by Dr Davenport or other supervising Doctors available
2. Co-therapy by other qualified or licensed additional staff to work with you directly under the same (above) supervision
3. Interns or other student trainees usually in Doctoral or graduate level programs in Clinical Psychology who may assist our staff as part of their training
4. One time or ongoing trainee participation in any treatment sessions (IF) you and your primary therapist agree that it would be suitable and appropriate for training purposes. These would be arranged ahead of time with advance notice/permission to/from you.
5. Medication evaluations or psychiatric consultations for medication review or management, either in-office or thru telehealth options.

If you give your permission for us to provide the option of some or all of these additional treatment services, please indicate below:

_____ **Yes**, I agree to the above additional treatment services that may be offered

_____ **No**, I do not agree to these additional treatment services

(Your permission as client to this agreement can be withdrawn at any time.)

Signature(s) _____

Date _____

Thank you for your consideration!

11/19