



Healing Things
Natalie Ross, MA, LPC-S,
682-706-1056c

Licensed Professional Counselor-Associate: _____

LPC-Associate Counseling Agreement

Please initial the following statements to acknowledge your understanding:

_____ I understand that I am seeing a counseling associate for counseling services.
This associate is earning hours towards counseling licensure.

_____ I understand the limits of confidentiality as explained by my counselor and have had the
opportunity to ask questions about these limits.

_____ I understand that I may, at any time, request to speak to associate supervisor, Natalie Ross LPC-
S.

_____ I understand that the dynamics of my case will be discussed for staffing and educational
requirements with the counseling associate, supervisor and colleague associates.

_____ I understand that some sessions may be directly observed by the LPC Supervisor.

_____ I understand that some sessions may be audiotaped and/or videotaped for supervision
and educational purposes.

_____ I understand the supervisory relationship and the requirement for supervision do not
otherwise affect my right to confidentiality, which will be maintained within the limits of the
law.

_____ I understand that I am not required to sign this document.

Client's printed name

Date

Signature of client OR parent or guardian if client is under 18 years of age