

# WOODS CREEK PSYCHOLOGICAL GROUP

A P R O F E S S I O N A L C O R P O R A T I O N

103 S. Forest Road, Sonora, CA 95370

Phone: (209) 533 – 1699 Fax: (209) 532 – 0699

## **Release of Information for Supervision Consent to Treatment**

I, \_\_\_\_\_  
*Patient's Name*

with full understanding of my rights, freely consent to psychotherapeutic treatment with \_\_\_\_\_ . I understand that \_\_\_\_\_ is an unlicensed practitioner, practicing psychotherapy as a registered psychological associate and is functioning under the direction and supervision of his/her supervisor, Susan B. Day, Ph.D., a licensed clinical psychologist, license number **CA# PSY 23349**.

I understand that, in supervision, my therapist will provide to this supervisor full access to my treatment records, and will discuss any relevant details of my situation with the supervisor that are necessary to assist in ensuring the best possible psychotherapeutic treatment. I also understand that any fees I pay for services with \_\_\_\_\_ must be paid to Woods Creek Psychological Group, or WCPG.

\_\_\_\_\_  
Patient's Printed Name                      Patient's Signature                      Date

\_\_\_\_\_  
Therapist's Signature                      Date                      Supervisor's Signature                      Date