

DOCUMENTATION OF PERSONAL PSYCHOTHERAPY

I, _____, give permission to _____
(print name of student) (print name of therapist)

to disclose my participation in therapy as part of my graduation requirements in my Masters degree program at Phillips Graduate Institute Los Angeles Education Center of Campbellsville University. This permission extends only to the fact of my participation, and does not permit any disclosure of clinical material. Nor may this disclosure be made to any person or entity other than the Master of Marriage and Family Therapy Site Director, Co-Director(s) of Clinical Placement or Registrar's office of Campbellsville University. I understand that this document will be kept in my student education file, and is protected by all the laws governing privacy of student records.

I, _____ saw
(name of therapist) (therapist's license or associate number)

_____, as a client in professional psychotherapy for
(name of student)

_____ sessions beginning on ___/___/___ and ending on ___/___/___.

(Therapist's Signature)

(Office Address)

(Office Phone Number)

(Student's Signature)

Please return to Clinical Training & Placement Co-Director(s)