



Acknowledgement of Therapy Services Provided by Resident in Counseling

Family Insight will be providing assessment, intensive in-home or outpatient therapy services for _____
(Client)

and _____ (LMHP-R Staff Name) will be your assigned therapist/mental health professional/assessor.

_____ (LMHP-R Staff Name) has completed a graduate degree from a program that expressly prepares individuals to practice counseling and counseling interventions as defined in §54.1-3500 Code of Virginia and in 18VAC115-20-49, Regulations Governing the Practice of Counseling and has been approved by the Virginia Board of Counseling to provide professional counseling services while under the supervision of a licensed mental health professional detailed in 18VAC115-20-52.

_____ (LMHP-R Staff Name) clinical supervisor is _____ (LMHP Name/Credentials). He/she has met the education and experience requirements prescribed in 18VAC115-20-52.C and has been approved by the Virginia Board of Counseling to provide clinical supervision to _____ (LMHP-R Staff Name).

Clinical Supervisor's Office Location:

Email:

Phone #:

Fax#:

Client

Date

Parent or Authorized Representative

Date

LMHP Staff Signature/Print

Date