

“CONFIDENTIAL PATIENT INFORMATION: See California Welfare and Institutions Code Section 5328”

San Mateo County Behavioral Health & Recovery Services
CLIENT SERVICE AGREEMENT
FOR TRAINEES, INTERNS & RESIDENTS

San Mateo County Behavioral Health & Recovery Services is committed to providing on-going clinical training experience and professional education for MFT/LCSW trainees/interns, for psychology trainees/interns, and for psychiatric residents in the San Mateo County Residency Program and the San Mateo County/Stanford Child and Adolescent Psychiatry Fellowship Program.

Your behavioral health services, provided by

_____, _____
Print Name of MFT/LCSW/Psychology Trainee/Intern or Resident Registration/License # if applicable

- Trainee, Counseling (MFT) Marriage & Family Therapist Registered Intern
- Trainee, Clinical Social Work Registered Associate Clinical Social Worker
- Trainee, Clinical Psychology Waivered Clinical Psychologist
- Psychiatric Resident

are supervised by a licensed clinician who works for San Mateo County Behavioral Health & Recovery Services or for Stanford Medical Center.

I understand and agree to the above statement.

Print Name of Client

Signature of Client/Parent or Guardian

Date

If client is unable to sign, see progress note dated _____

Upon completion:

- Make a copy and offer/give to the client/parent.
- Scan into Avatar client chart.