



I hereby acknowledge and consent to the presence of a Graduate-Level student who may observe my therapy (individual, couples/marriage, or family) session for educational training purposes. I understand that the student observer is not supervised directly by the Provider conducting my session, the trainee's presence is permitted for observational learning purposes only.

The trainee will not provide treatment, make clinical decisions, or participate beyond observation. I may ask questions about the trainee's role or decline trainee observation at any time, and my decision will not affect my access to or quality of care.

I further acknowledge that the student observer is bound by all applicable confidentiality laws, regulations, and facility policies. The student is required to maintain the privacy of my personal health information and is prohibited from disclosing any details of my sessions.

Client Name(s): _____

Signature(s): _____

Date: _____

Christopher Merrell, Ed.D., LPC