



**FAMILY COUNSELING CENTER -- ST PETERSBURG**

**Diane HM Mandell MSSA, LISW, LCSW and Associates**

*Serving the Community Since 1993*

**Agreement to Engage in Counseling Services with a Registered Clinical Intern**

I \_\_\_\_\_ understand and provide my  
express and informed consent to engage in therapy with \_\_\_\_\_,  
RCSWI. I understand that per state board requirements, the Registered Clinical Social  
Work Intern that I engage in therapy with may discuss aspects of my treatment plan,  
therapeutic progress, and any concerns of safety with their supervisor, a Licensed  
Clinical Social Worker and Certified Social Work Supervisor in the state of Florida \_\_\_\_\_.  
I understand that my therapist will discuss details of our sessions together in order to  
provide the best possible treatment \_\_\_\_\_. I was made aware of the above information,  
understand it, and hereby provide my consent to engage in counseling with a  
Registered Clinical Intern \_\_\_\_\_.

Printed Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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*We help people find balance in their lives every day...*

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