



Limits of Confidentiality for Supervised Therapists

I understand that I am receiving services from a therapist who is collecting hours toward his/her licensure. I am also aware that my case will be discussed as appropriate during supervision meetings with Urvi Natha, Psy.D. to ensure I am receiving appropriate level of care. Certain details of our therapy sessions will be discussed during supervision meetings. I agree and consent to these terms before starting therapy or counseling with the assigned therapist.

Client Name/Signature

Therapist Name/Signature