Olive Tree Counseling, Inc.

1981 E Palmer-Wasilla Hwy, Suite 220, Wasilla, AK 99654
Phone: (907) 357-6513 | Fax: (907) 357-6514

Unlicensed Therapy Agreement

Before proceeding to see an unlicensed therapist, supervised under Olive Tree Counseling, Inc., hereafter referred to as OTC, please acknowledge and agree to the following terms of service:

1. I, the client, have been thoroughly informed, acknowledge, and understand that I am agreeing to see an UNLICENSED therapist, practicum student, or intern, hereafter referred to as 'Therapist.' As such, I understand that my information will be shared with the licensed professional counselor or supervisor preapproved by the State of Alaska or 'Therapist's university.
2. I, the client, understand and agree that I cannot seek legal action against OTC, 'Therapist,' or 'Therapist's university in regards to receiving unlicensed therapy from 'Therapist' as signed below. I may file a formal complaint against 'Therapist' regarding ethical or privacy concerns by contacting OTC's office.
3. I, the client, understand my insurance will NOT be billed, and I will pay for services out-of-pocket at the rate I had already agreed upon before I scheduled my appointment.
4. I, the client, understand the same No Call, No Show policy applies as any appointment at OTC and must notify 'Therapist' or OTC's office of a cancellation before my appointment or risk being removed from the schedule.

	***My initials and signature prove that I, the client, client's parent, or client's legal representative, have read, understand, and agree to adhere to ALL of the above terms and conditions.**
Initials	

Client's Name	Client's Date of Birth	Date
Representative's Name	Relationship to Client	Date

Therapist, Student, or Intern who has by been approved by involved parties to provide unlicensed therapy to the above client:

	Practicum Student	
Therapist's Name & School	Title	Date
Supervisor's Name	Credentials	Date