



Informed Consent to Participate in the FAMILY HEALTH ROOM

Marriage/Family Intervention

(OPTIONAL)

I/We _____ agree to participate in the *Family Health Room*, a marital/family counseling intervention designed by Dr. Sonja Sutherland, founder and CEO of the Legacy Changers Counseling Centers. I/we understand that my therapist _____ is a Masters Level Counselor under the supervision of Dr. Sutherland. Supervision is provided to ensure the best care for all clients. Dr Sutherland is a Licensed Professional Counselor, Nationally Certified Counselor, Distance Credentialed Counselor and NBCC Approved Counselors Supervisor. I/we understand that I/we will participate in counseling that will be audio/videotaped and reviewed by the your therapist’s and his/her supervisor as part of the treatment process and professional development. Finally we understand that only first names will be used, all other identifying information will be altered to protect anonymity, and that all materials/information will be kept in the strictest of confidence with respect to privacy.

Participant Printed Name and Signature

Date

Participant Printed Name and Signature

Date

Therapist’s Name and Signature

Date