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CONSENT FOR TREATMENT WITH A POSTDOCTORAL INTERN

I, _____, authorize and request that Jessica Buick, Ph.D. and/or Leslie Gabriele, Ph.D., unlicensed interns under the direct supervision and employment of Marilyn J. Wooley, Ph.D., Licensed Clinical Psychologist, carry out psychological examinations, clinical treatments, and/or diagnostic procedures which now or during the course of my care as a patient are advisable.

I understand that the purpose of these procedures will be explained to me and be subject to my agreement.

I, _____, hereby give my written consent to have

_____ (*name of intern*), an unlicensed intern, disclose any medical, psychological or personal information concerning me to Marilyn J. Wooley, Ph.D.

This authorization expires on _____. It may be revoked at any time by written notification to Marilyn J. Wooley, Ph.D.

I have read and fully understand this Consent for Treatment Form.

_____ _____
Client Signature Date