Carencia
Mental Healthcare

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Consent To Treatment By Student Intern

Agreement/Acknowledgment

I authorize and consent to receive services from a psychiatric-mental health nurse practitioner student intern who is currently in process of obtaining their degree and state licensure. I understand they will provide therapeutic and clinical interventions as part of their training under the supervision of fully boarded and licensed provider.

By working with a student intern, you receive the benefit of a clinically experienced supervision team assisting in assessment and treatment planning to address your mental health concerns. Students are training and therefore are learning the skills required to be a knowledge and capable clinician, however, have not achieved this status yet independently until they have completed their program and is licensed by their respective board.

I hereby give my written consent to have an unlicensed student intern, disclose any medical, psychological, or personal information concerning me to the supervising providers at Carencia. I have been informed that the supervising licensed provider can be contacted with concerns or questions regarding to the services rendered.

This authorization expires on in 2 years. It may be revoked at any time by written notification Carencia, LLC.

I have read and fully understand this Consent For Treatment by a Student Intern form.

Patient Name (Printed): _____ Patient DOB: _____

Guarantor (If not patient): _____

Patient/Guarantor Signature: _____ Date: _____