

Today's Date:

What is the Pro Bono Program?

Crespo Mental Health was built on the foundation that each and every one of us can benefit from positive growth and change in our lives. Mental Health and Counseling services are not always easily accessible especially to those who are uninsured and or have high out of pocket fees. For that reason, here at Crespo Mental Health we believe that everyone should have access to mental health care and are therefore offering free psychotherapy sessions.



Counselor-in-Training Disclosure Agreement

Qualifications

I am a Masters-level counselor-in-training through Northwestern University, working toward a Master of Arts in Counseling through the program Counseling@Northwestern (<https://counseling.northwestern.edu/>). Through my affiliation with this program, I am qualified to counsel under the supervision of a clinical director of the university and a licensed supervisor and counseling professional at this site. My current education has prepared me to counsel adults experiencing a variety of life challenges, and I will continue to receive close supervision, collaboration, and consultation to provide you with the best care possible.

Recording and Observation

Counselors-in-training receive consultation and supervision. To aid in this, I may request to have your sessions recorded and/or observed. Information and recordings will be treated according to current professional ethical standards. Confidentiality will be strictly maintained; information will not be released to any other person or agency outside my educational experience without your written permission. In accordance with New York state laws, written records will be maintained for the appropriate length of time and then properly destroyed. Recordings of all sessions will be used for supervision and consultation purposes only, they will be maintained on HIPAA-compliant software, and they will be destroyed when the quarter is completed. Please read the statement below and sign if you agree. If you have questions, please talk them over with me.

_____ I agree to the recording and/or observation of my sessions. I understand that confidentiality will be maintained, written records will be maintained, and that professional ethical standards will be observed in this process. I also understand that I may request the identities of all individuals observing my recorded counseling sessions. Recordings will be destroyed following my supervision experience in the counseling program.



718-766-7160



801-494-2245



CrespoMentalHealth@yahoo.com

40-12 31st Avenue, Suite 1, Astoria, NY 11103