## Notification of Therapist Supervision

My name is Yamileth Martinez-Lewis and I am an Associate Marriage and Family Therapist. I receive direct and clinical supervision from Dr. Nancy Frigaard, D.Min., LMFT, with Freedom Family Counseling to provide supervision in accordance to the state of Arizona licensing laws for Marriage and Family Therapists. Nancy Frigaard will have immediate access to my clinical files, with or without my knowledge, in order to complete on going compliance reviews to ensure that I am maintaining appropriate documentation. My clinical skills will be observed through the practice of live observation or session audio recordings. Patient confidentiality will be maintained at all times. Please feel free to contact Dr. Nancy Frigaard, D.Min., LMFT at 623-695-8733, or myself with any questions or concerns. There are no conflicts of interest between Dr. Nancy Frigaard and Yamileth Martinez-Lewis.

_____ _____

Therapist signature Date

_____ _____

Patient signature Date

_____ _____

Parent/Guardian signature Date

I agree to the therapist supervision _____ (initial)

I am not in agreement with the therapist supervision _____ (initial)