



1221 Kilauea Ave. Ste. 70 Hilo, Hawaii 96720
P: 808-935-4412 | F: 808-969-9447
www.ohanacs.com

CONSENT AND AGREEMENT FOR CLINICAL OBSERVATION

In effort to better serve the Hilo community and address the mental health needs, we have acquired a student intern. She is in training to become a licensed mental health counselor and a permanent addition to our Ohana.

Her training will entail observing other therapist in session and also having patients of her own with the supervision of a licensed counselor. Your voluntary participation is greatly appreciated as it will help diversify and strengthen her skill set.

A message from our Intern:

Hello, my name is Sara Ebesugawa and I am a counselor-in-training completing my internship here at Ohana Counseling Services. I am a Master's student at Walden University in my final year of the Clinical Mental Health Counseling program.

Being born and raised in Hawaii, I am passionate about my role in giving back to our community by contributing to individual wellness as well as enacting positive social change. After completion of my degree program, I am committed to working with the members of our community to improve mental health and overall wellbeing.

It is a privilege to be a part of your journey, and I am grateful that you have provided me with the opportunity to learn and grow alongside you. I look forward to meeting you!

AGREEMENT TERMS

By signing this, I am voluntarily consenting to be treated by Sara Ebesugawa. I understand that at any point in my treatment, I am able to talk to the supervising therapist or office manager if I have any questions or concerns.

I understand that I may revoke this authorization at any time for any reason. In the event that I decide to rescind this agreement, I will inform my therapist and/or the front office staff for the requested changes to take place.



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Initial next to one or both of the options below:

1. _____ I hereby submit my consent to have Ohana Counseling Services, Inc. intern, Sara Ebesugawa, sit in and observe my sessions with my therapist.

2. _____ I hereby submit my consent to have Ohana Counseling Services, Inc. intern, Sara Ebesugawa, be my treating provider with the supervision of Renee Wetzel, LMHC.

Patient or Legal Parent/Guardian Signature

Patient Name and/or Legal Parent/Guardian

A handwritten signature in black ink, appearing to read 'R. Wetzel', written over a horizontal line.

Supervising Licensed Therapist Signature

Renee L. Wetzel, LMHC

Supervising Licensed Therapist

A handwritten signature in black ink, appearing to read 'Sara E', written over a horizontal line.

Student Intern Signature

Sara Ebesugawa

Student Intern

Date: