

Paul Beljan, PsyD, ABPdN, ABN  
Vanessa Berens, PhD  
Casey Heinsch, MAS-MFT, LMFT  
Steven Quagliano, Autism Spclst  
Chantel Osman, PsyD, Post-Doctoral Fellow



9835 E. Bell Rd., Ste. 140  
Scottsdale, AZ 85260  
(602) 957-7600  
[www.beljanpsych.com](http://www.beljanpsych.com)

I understand that Jodie Graham is a Licensed Associate Counselor under the supervision of licensed psychologist Paul Beljan, PsyD, ABPdN, ABN and Casey Heinsch, LMFT at Beljan Psychological Services.

The goal of supervision is to enhance professional development to uphold standards required of the licensed psychotherapy professional. Supervisors are bound by the same confidentiality as the therapist. With your consent, the supervisors will have access to your confidential information and records for reviewing with the therapist.

Through the course of supervision the therapist may request the use of audiotaping or live supervision sessions. If a request is made, you will receive a written formal request in advance. Live supervision and/or audiotaping will be used for the purpose of the therapist's professional development. You always have the right to decline the request for live or audiotaped supervision.

By signing this form I am agreeing to allow any of the aforementioned therapist to provide psychotherapist services under the supervision of the aforementioned supervisors to my child or myself (whichever is applicable) as a part of treatment services.

I understand that I may contact at Beljan Psychological Services (602) 957-7600 with any questions or concerns at any time.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date