



AUTHORIZATION FOR SUPERVISION

The therapy being offered is being delivered by Cristinette Likiardopoulos, MSFT, LMFT, a Licensed Marriage and Family Therapist (LMFT) operating under supervision. In order to meet professional standards of client care, we need to have our clients agree to the following and indicate their agreement to these procedures by signing this *Authorization* form. We believe these practices contribute to the high quality of professional service to you, our valued client. Please read these items carefully and discuss them with the therapist.

By signing this form I/we am/are giving the Zoe Center:

1. Permission to allow the supervisor(s) of your therapist full access to your client files for the purpose of guiding your therapy. Your therapist is being supervised by Jane Kaufman, LCMFT, LCAC, 2525 N. Rock Road, Suite 2251, Wichita, KS 67226. Ms. Kaufman is licensed to independently practice marriage and family therapy, commonly designated as Licensed Clinical Marriage and Family Therapist (LCMFT) in the state of Kansas.
2. Permission for your therapist to present your case during supervision with a supervisor and members of the therapist's supervision group for the purpose of case management and supervision.

Our professional standards require these arrangements. If you choose not to give permission for all of the procedures above, the therapist will not be allowed to accept you as a client. If this is your choice, your therapist will assist you with a referral to another resource for services.

Thank you for your cooperation.

Client Signature	Date	Client Signature	Date
Client Signature	Date	Client Signature	Date
Client Signature	Date	Client Signature	Date
Therapist Signature	Date	Therapist Signature	Date