



**LaToya Martin-Jackson, MA, LPC-S**  
**Licensed Professional Counselor**

**ASSOCIATE AGREEMENT**

**Please initial the following statement to acknowledge your understanding:**

\_\_\_\_\_ I understand that I am seeing a counseling associate for counseling services. This associate is earning hours towards an unencumbered counseling license.

\_\_\_\_\_ I understand the limits of confidentiality and have had the opportunity to ask questions about these limits.

\_\_\_\_\_ I understand that I may, at any time, request to see the associate's supervisor, LaToya Martin-Jackson for counseling services.

\_\_\_\_\_ I understand that the dynamics of my case will be discussed for staffing and educational requirements with the counseling associate.

\_\_\_\_\_ I understand that counseling methods such as audio-tape, videotape, or direct observation may be used during my sessions.

Client Printed Name \_\_\_\_\_

Signature of Client or Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_