**AGREEMENT TO SHARE THERAPY SESSIONS FOR**

**CONSULTATION/TRAINING**

In order to further grow within my field of nutrition counseling, supervision of our sessions is sometimes necessary. By signing below I agree to have Marjorie share (via discussion and/or recordings) our nutrition counseling session for educational purposes.

Please initial the options agreeable to you:

\_\_\_\_\_\_\_\_\_\_1) Review of sessions outside of our meetings.

\_\_\_\_\_\_\_\_\_\_2) Confidential use for supervision/training for teaching purposes in the treatment of eating disorders.

I understand that the discussions and/or recordings of the session(s) will be kept private and confidential. I understand that no names or identifying information regarding my individuality will be provided.

In consideration of the student training for nutrition counseling in the treatment of eating disorders, it is agreed RD supervisee shall not be, in any way, held responsible for what occurs in any of our therapy sessions or the outcome of those sessions.

Name (Printed):

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Signature:

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_