



Therapeutic Time, Inc.

Psychological Associate Consent

Sarah Barajas, MA, Psychological Associate PSB 94027905

Liliana Chavez Weichold, MA, Psychological Associate PSB 94027514

Dr. Trisha Rich-Thurm, PsyD Licensed as a Clinical Psychologist PSY 24976,

Marriage & Family Therapist MFC 42603, & National Certified Counselor NCC 264935

drtrishpsyd@tsecuremail.com Phone (661) 714-2028 Address 44349 Lowtree Ave Suite 101 Lancaster CA 93534

Client Name: _____ DOB: _____

My therapist's name is:

- Liliana Weichold, MA, Psychological Associate PA# PBS 94027514 Contact # 661-429-0271
- Sarah Barajas, MA, Psychological Associate PA# PSB 94027905 Contact # 661-463-8734

You will be receiving services from a Registered Mental Health clinician who is working toward licensure with the **BOARD OF PSYCHOLOGY**. Registered Psychological Associates are supervised by a Licensed Clinical Psychologist. To ensure the quality of your services this therapist is in training and will discuss the assessment and ongoing treatment of your case in supervision with their Licensed Clinical Supervisor. To provide the highest quality care, you may periodically receive surveys that ask for feedback about your satisfaction with the services being provided. In addition, the clinical supervisor who is supervising your assigned therapist may call or meet with you to discuss your services as well.

If you have any questions or concerns about the care, you are receiving you may contact Supervisor Dr. Trisha Rich-Thurm by phone at #661-714-2082. The Board of Psychology also receives and responds to complaints regarding services with the scope of practice of Licensed Psychologists and Registered Psychological Associates. You may contact the Board of Psychology: By Phone: at (916) 557-1208 (Monday - Friday 8:00 am PST to 4:45 pm PST) or By Email: at breeze@dca.ca.gov

They are registered with the Board of Psychology as Psychological Associates and their registration is under the supervision of: Dr. Trisha Rich-Thurm, PSY# 24976, MFT, #42603, NCC #264935 Phone #: 661-714-2082 Email: therapeutictimeinc@therapyemail.com

Your signature below indicates that you have read the information in this document and agree to its terms.

Signature of Client

Date

In the case of treating a minor: **Sign Below:**

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date