

# Susan Myket, Ph.D. & Associates

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Using Research-Supported Therapies to Enrich Families

## Specialist & Graduate Student Observation Consent Form

Susan Myket, Ph.D. & Associates has my permission to observe assessment and/or therapy sessions conducted with me and/or my family members. I understand that the observation of the assessment and/or therapy sessions may be used for measuring/identifying change; and/or for professional education purposes, such as teaching graduate students. I also understand that confidentiality will be strictly maintained by any specialists and/or graduate students connected with my case, or the cases of my family members.

The consent shall remain in effect until \_\_\_\_\_.  
(Fill in expiration date)

If no calendar date is stated, observation may occur only on the day the consent form is received by Susan Myket, Ph.D. & Associates. I understand that I can revoke this consent at any time, in writing, by sending such written notification to the office address below. If I have questions or want to discuss this release, I can contact Dr. Susan Myket, Principal of Susan Myket, Ph.D. & Associates.

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Print Name of Client

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Signature of Client

Date

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Signature of Parent/Guardian (if Client is a Minor)

Date