

# Supervision Informed Consent & Acknowledgement

Supervisor Name: \_\_\_\_\_ Credentials/License: \_\_\_\_\_

License #: \_\_\_\_\_ State(s): \_\_\_\_\_ Role/Title: \_\_\_\_\_

Practice/Organization: \_\_\_\_\_

Supervisee Name: \_\_\_\_\_ Credentials/Status: \_\_\_\_\_

Program/Board (if applicable/website): \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Review Date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 1) Supervisor Credentials and Role

The supervisee acknowledges that the supervisor has explained their professional role, credentials, licensure status, and scope of supervision, including the supervisor's authority and responsibilities related to oversight, guidance, and evaluation.

## 2) Purpose and Limits of Supervision

Supervision is a professional, educational relationship intended to develop clinical competence, ethical practice, and professional identity. **Supervision is not psychotherapy**, does not replace personal counseling, and is not intended to treat mental health conditions. If personal issues arise that affect clinical work, the supervisor may recommend the supervisee seek independent therapy or additional support.

## 3) Record Review, Observation, and Recording Policy

Supervision may include review of case notes, treatment plans, documentation, and other professional records; observation of clinical work (live or indirect); and/or review of audio/video recordings **only when permitted by agency policy, applicable law, and client consent.**

### Methods used (check all that apply):

Case consultation/discussion  Documentation review  Live observation  Audio recording review  Video recording review  Other: \_\_\_\_\_

**Storage/Retention (if applicable):** Recordings/observational materials will be stored:

\_\_\_\_\_ for \_\_\_\_\_ (time) and disposed by: \_\_\_\_\_.

## 4) Confidentiality and Its Limits

Supervision content is treated as confidential within professional/ethical boundaries. However, confidentiality is limited in situations that include (but are not limited to):

- **Imminent risk** of harm to self/others or threats of violence
  - **Abuse/neglect reporting** (child, elder, vulnerable adult) as required by law
  - **Legal/Board/Agency requests** (subpoenas, audits, licensing board inquiries, employer requirements)
  - **Professional impairment or ethical violations** affecting client safety, standard of care, or legal compliance
- The supervisee understands the supervisor may consult with appropriate parties (e.g., agency leadership, board, legal counsel) as needed to meet ethical/legal duties.



## 5) Grievance / Complaint Pathway

If concerns arise, the supervisee agrees to first address them directly with the supervisor when appropriate. If unresolved, the supervisee may use the following pathway:

1. \_\_\_\_\_ (e.g., Clinical Director/Program Lead) Phone/Email: \_\_\_\_\_
2. \_\_\_\_\_ (e.g., HR/Agency Compliance) Phone/Email: \_\_\_\_\_
3. Licensing Board(s) (if applicable): \_\_\_\_\_

**Additional instructions/links (optional):** \_\_\_\_\_

## 6) Evaluation Process and Criteria

The supervisor will evaluate the supervisee's progress toward competency using methods such as direct observation, documentation review, case conceptualization review, and skills-based feedback. Evaluation may include formative (ongoing) and summative (periodic) assessments.

**Evaluation schedule (e.g., monthly/quarterly/end of supervision):** \_\_\_\_\_

**Primary competency criteria/tools (e.g., rubric, BARS, Falender & Shafranske competencies):**

\_\_\_\_\_

The supervisee understands that evaluation may include remediation planning if standards are not met and that the supervisor may document performance concerns.

## 7) Use of AI and Digital Tools Policy (if applicable)

If AI tools (e.g., documentation aids, summarizers) or other digital tools are used, the supervisee agrees to comply with all applicable laws, ethical standards, employer policies, and payer/client confidentiality rules.

- **No client-identifying information** will be entered into non-approved tools/systems.
- Any AI-assisted content must be **reviewed, edited, and clinically validated** by the supervisee prior to use.
- The supervisee will disclose AI/tool use to the supervisor upon request and follow any agency-approved workflow.

**Approved tools/workflows (optional):** \_\_\_\_\_

\_\_\_\_\_

## 8) Acknowledgement and Storage

By signing below, both parties confirm they reviewed and discussed the items in this consent and that the supervisee had the opportunity to ask questions.

**Storage location of signed form (specify):**

Supervisor supervision file  Agency HR file  EHR/Compliance folder  Other: \_\_\_\_\_

\_\_\_\_\_

## Checklist Confirmation

- Supervisor credentials/role explained to supervisee.
- Purpose and limits of supervision clarified (not psychotherapy).
- Record review/observation/recording policy reviewed (as applicable).
- Confidentiality limits reviewed (risk, abuse reporting, legal/Board requests).
- Grievance/complaint pathway reviewed.
- Evaluation process and criteria reviewed.

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Mental Health Supervision Training Program



Dr. Meg Robertson



- Use of AI/tools policy reviewed (if applicable).
- Acknowledgement signed and stored (location specified).

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**Signatures**

**Supervisee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Preferred Contact (Supervisor):** Phone \_\_\_\_\_ Email \_\_\_\_\_

