



Supervisory Disclosure Form

State of Florida Rules governing licensed mental health professionals, as well as the American Psychological Association Ethical Codes and the Association for Counselor Education and Supervision Ethical Standards, require that you be informed that the work of your therapist is being supervised by a licensed or registered professional of the appropriate discipline. The primary supervisor has full responsibility for the supervised work of their supervisees. In order to ensure the highest standard of care, supervisors monitor and review the progress of your work with your therapist. The limits of confidentiality delineated in Counseling and Psychological Services Informed Consent for treatment apply to this supervised practice. The responsible supervisor for your therapist is listed below and is available for consultation upon request. This form will be placed in your confidential CAPS file. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist. Signing this form acknowledges your informed consent for treatment by a therapist under supervision.

Therapist

Primary Supervisor

Secondary Supervisor – if Applicable

Primary Supervisor - Credentials

Secondary Supervisor - Credentials

Client Name

Client Signature

Date

A copy of this letter is available upon request

Revised 7/25/2016