

Supervisory Disclosure & Consent Form for Live Observation and Recording of Group Sessions

SUPERVISORY DISCLOSURE

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.

_____ (Client's Initials) Yes, I understand that my counselor(s) is/are under the supervision of a licensed professional.

CONSENT FORM FOR LIVE OBSERVATION AND RECORDING OF GROUP COUNSELING SESSIONS

The UCF Counseling and Psychological Services (CAPS) serves as a training site for graduate level counselors-in-training receiving both individual and group supervision by professionals of CAPS. Every counselor-in-training will have their group counseling sessions recorded or observed live, so that a more advanced therapist can monitor and oversee the quality of counseling. There are also times when a supervisor/ staff member may want to record a group session or have their counselor-in-training observe a live session for training or consultation purposes. It is also common for your counselor-in-training to discuss their cases as part of their academic training. In this context, your counselor-in-training would not reveal your name. Recordings are secured and never removed from the CAPS premises. Your participation is voluntary and confidential.

I understand that:

- The purpose of recording and live observation is for training, supervision and consultation only as stated above.
- My decision not to be taped will not affect my eligibility for services, but may affect the timeliness of services.
- I may request that the recorder be turned off at any time during the session.
- All recordings will be safeguarded appropriately within CAPS under accreditation standards.
- I may discuss or clarify these issues with my counselor-in-training at any time.
- Note: If you know someone on staff, please let your counselor know, so that your confidentiality can be protected.

_____ (Client's Initials) Yes, I give my permission for recording and at times live supervision of my group counseling sessions. Additionally, I give my permission for my counselor to have recordings viewed by their academic program chair(s) on premises here at CAPS for training purposes. I also give my permission for my counselor to discuss my de-identified case with their graduate professor & class if applicable.

_____ (Client's Initials) No, I do not give my permission for recordings or live observation of my group counseling sessions.

Clinician's Name: _____

Clinician/Primary Supervisor's Name & Credential: _____

Secondary Supervisor's Name & Credential: _____

Client Name: _____ Client Signature & Date: _____

Student ID UCF/PID _____