SUPERVISION CONSENT FORM

Please be advised that ________________ is providing psychotherapy at Counseling and Psychological Services (CAPS) and obtaining post degree hours towards licensure. They are operating under the direction and supervision of their primary supervisor, ________________, CA License Number ________.

If your counselor also has one or more secondary supervisors, the secondary supervisor’s information is listed below. Primary and secondary supervisors have full access to all relevant client treatment records in order to perform supervision responsibilities.

Secondary Supervisor: ___________________________ Licensure: ___________________________
Secondary Supervisor: ___________________________ Licensure: ___________________________
Secondary Supervisor: ___________________________ Licensure: ___________________________
Secondary Supervisor: ___________________________ Licensure: ___________________________

OR

☐ This counselor is not currently working with a secondary supervisor.

Client Please Print: ___________________________ CWID#: ___________________________
Client Signature: ___________________________ Date: ___________________________
Counselor Signature: ___________________________ Date: ___________________________

Revised September 2019