

Student Counseling Services

SUPERVISORY DISCLOSURE FORM

2223 Student Services Bldg. (3rd Floor)
Iowa State University
Ames, Iowa 50011-2223
Phone: (515) 294-5056
Fax: (515) 294-5205

The work of your therapist is being supervised by the senior level clinicians, listed below, at least one of whom is a state licensed counselor or psychologist. These supervisors have full responsibility for the supervised work of their supervisees. In order to ensure the highest standard of care, supervisors meet with their supervised therapists weekly and review the progress of their work with you. The limits of confidentiality delineated in the Informed Consent Statement apply to supervision.

The supervisor(s) working with your therapist are listed below and are available for consultation upon your request. If there is a potential conflict of interest with a supervisor, please discuss it with your counselor, who can work to correct the situation. If you have any questions about this supervisory relationship, we encourage you to talk to your counselor. This form will become part of your clinical record and a copy will be given to you. Signing this form acknowledges your informed consent for treatment by a therapist under clinical supervision.

Therapist:

Supervisor(s):

Contact number: 294-5056

Client Signature: _____ Date: _____

Print Name: _____