

Consent for Telemental Health Supervision/Consultation

The Association Counseling Center, Inc. (ACC) and Vickie George exist to provide supervision/consultation to students, postgraduates, associate licensed therapists and fully licensed therapists. These services are available to anyone regardless of race, religion or creed. This is a proposed agreement for providing Telemental Health Supervision/Consultation (THS) between ACC and the undersigned person seeking supervision/consultation.

Considerations for use of Telemental Health Supervision:

1. I understand that this is a mutual consideration between ACC and myself.
2. I understand the use of THS, its benefits, as well as its risks. The benefits include easier access to my supervisor from a location of my choosing with the exception of public spaces, which are NOT an acceptable location for THS at any time.
3. I have successfully completed an approved 6 hour training in the use of telemental health as required by law in the state of Georgia to practice any type of psychotherapy. I understand that my supervisor has also taken this training as well as 3 additional hours in telemental health supervision.
4. I understand that research shows face-to-face supervision is always superior to THS. I understand that my supervisor is trying to utilizing the most secure form(s) of technology that are available at the time, and that she is aware of, when engaging in THS. I understand, that **I am responsible and expected to utilize the most secure form of technology available at the time** when engaging in THS.
5. I understand there are potential risks including interruptions, unauthorized access, risks associated with confidentiality and privacy, as well as technical difficulties. I understand that my supervisor can terminate THS at any time if she deems it inadequate for the supervisory process to take place.
6. I understand that if I request a change in my supervision sessions from face-to-face to THS, **then I need to call my supervisor 48 hours in advance and get her approval** for this alternative option of supervision. I understand that my supervisor may say “no” if she feels it is not suitable for reasons that she deems important. Initial: _____

Payment for Telemental Health Supervision:

Payment is ACC's normal supervision fee per session. This is required to be taken care of BEFORE your THS session. Initial: _____

Cancellation Policy:

Notify ACC/Vickie George 48 hours in advance to cancel a supervision session, otherwise, you are charged the normal supervision fee.

If you are in dyadic supervision, **you must work out your cancellation with your dyadic partner and the cost associated with it between the two of you.** You are responsible for your portion if the two of you cannot come to some sort of agreement.

Initial: _____

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE ITEMS CONTAINED IN THIS DOCUMENT.

Supervisee Signature _____

Print Name _____

Date _____

Supervisors Signature _____

Date _____