Informed Consent to Supervisory Observation

Among its various functions, CAPS serves as a training agency for doctoral psychology and social work interns as well as psychiatry residents. To provide effective training and to ensure quality of care, video recording and observation of sessions are often utilized. Video recording is not permitted for telemental health services so live supervisory observation is the training and quality assurance tool we use for telemental health services. This is not done without client permission. By signing this form below you are permitting your provider to allow their supervisor to observe sessions by joining your remote teleconferencing sessions. Please ask your provider any questions you have about the purpose of supervisory observation.

Your signature indicates that you understand and agree to the following statements and that you give your provider permission to have their supervisor observe your sessions through videoconferencing.

I understand and agree to the following:

1. I can request that the live supervisory observation is stopped.
2. I may revoke permission to observe at any time.
3. The purpose of observation is for supervision/training only.
4. No recordings are kept of videoconference sessions.
5. The original copy of this consent form will be kept in my clinical file at CAPS.
6. I may contact the Training or Clinical Director with questions or concerns at 919-660-1000.

________________________________________
Client Signature

________________________________________
Date