



INFORMED CONSENT REGARDING CLINICAL SUPERVISION FOR LICENSURE

To the Counseling Clients of Abigail Grubbs:

This letter is to inform you that by way of my education, training, and employment status as your Therapist I am working to fulfill the requirements to become a Licensed Clinical Social Worker (LCSW) in the state of Georgia. Because I am working toward licensure I have hired a Clinical Supervisor who is a Licensed Professional Counselor (LPC) and a Certified Professional Counselor Supervisor (CPCS, Approved by the Licensed Professional Counselor Association of Georgia).

My Supervisor’s information is as follows:

Anna Kennedy., LPC (#006532), CPCS (#1942)

Email: anna@elevatecounselingco.com

I meet with her once a week in the form of individual supervision and for individual evaluation meetings at least twice a year to obtain guidance in the methods of counseling. Based on counseling ethical codes and guidelines you have a right to know that I am being supervised and that my supervisor’s primary role is to ensure the well-being of you my client. As part of the supervision process I do discuss my counseling work and my clients. Client identifying information is encrypted utilizing initials or some other form of encryption to keep information protected in accordance with HIPAA regulations. The setting is at my Supervisor’s office and it is a private and confidential setting.

Your signature below indicates that you understand that I am being supervised and that my supervisor will know the nature of our therapeutic interactions to ensure the best care possible.

Client Signature

Date

Printed Name

Counselor/Therapist Signature

Date

Printed Name

Please initial that you have read this page _____