



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Supervisory Disclosure and Recording Consent Form

Your assigned therapist is a doctoral level Advanced Practicum Trainee, Intern, or Post-Doctoral Fellow who is currently working at SCU CAPS. Since your therapist is not licensed, it is required that their clinical work be supervised by licensed psychologists. These supervisors are staff members at CAPS. We require that therapy sessions be monitored to ensure the highest standard of clinical care. Your therapist meets weekly with their supervisors who review the therapists' recordings and clinical work.

Your signature on this form indicates you understand and give consent to the following:

- My therapist is being supervised by licensed CAPS staff members and these supervisors are available for consultation upon my request.
- The supervisors working with my therapist are:
 - Kathy Lee, Ph.D.
 - Sarah Rotsinger-Stemens, Psy.D.
 - Estrella Ramirez, Ph.D.
- My therapy sessions may be observed by live audio-video streaming, or audio and/or video recording. Recordings will be used only for supervision by CAPS staff.
- All recordings are confidential, securely kept, and erased directly after supervision.
- I can revoke this consent at any time.

Client Print Name

Client Signature

Date

Therapist Print Name

Therapist Signature

Date