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Supervisory Disclosure

You can type directly into the shaded fields on a computer, or print this form and fill it in by hand. Please sign and date where indicated.

The Board of Social Work Examiners, the NJ State Professional Counselor Examiners Committee & the NJ State Board of Marriage and Family Therapy Examiners all require by their ethical standards that you be informed that the work of your therapist is being supervised by a licensed, registered supervisor of their appropriate discipline.

While an associate counselor/social worker is licensed by the state, they need to be supervised for a certain length of time before they are able to practice independently. The primary supervisor has full responsibility for the work of their supervisees. In order to ensure the highest standard of care, supervisors monitor and review the progress of your work with your therapist. The limits of confidentiality outlined in your informed consent form and PHI form apply to this supervised practice. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist. Signing this form acknowledges your informed consent for treatment by a therapist under supervision.

Client Name: _____

Client's or Guardian's Signature: _____ **Date:** _____