

Supervision Disclosure and Consent to Record Therapy Sessions

Your clinician, having been conferred the degree of Master of Social Work from an accredited university and having fulfilled the requirements to receive licensure as a Master Social Worker, is working toward full licensure to conduct independent clinical social work practice under the auspices of the Oklahoma State Board of Licensed Social Workers which requires 4000 hours of experience under the supervision of a Licensed Clinical Social Worker. The limits of confidentiality delineated in the counseling agency's Informed Consent for treatment apply to this supervised practice. The supervisor listed below is not an employee of the counseling agency where you receive services but rather has been contracted by your clinician. If you have any questions about this supervisory relationship or any feedback to share about your experience with your clinician, you are encouraged to talk with the licensure supervisor listed here:

Mandy McHugh, LCSW, #3556
PO Box 721754 | Oklahoma City, OK 73172
405-602-4079
mandymchughlcsw@gmail.com

_____ (Client's Initials) Yes, I understand that my clinician is under the supervision of a licensed professional.

The licensed supervisor listed above may, at her discretion, conduct satisfaction surveys with a portion of your clinician's clients. Consent to this form of contact is optional and does not affect your ability to receive services.

_____ I consent. Phone: _____ Email: _____

_____ I do not consent

In order to ensure the highest standard of care, supervisors monitor and review the progress of your work with your clinician through review of recorded therapy sessions. Your therapist may share clips of recordings with Mandy individually or in group supervision (2-3 supervisees, plus Mandy) only for the purpose of clinical training, feedback and education. Professionals who may view these recordings are bound by confidentiality, and Mandy McHugh, LCSW agrees not to permit the use of specific identifying information that might reveal the identity of the client(s). Sessions can be recorded and securely stored on SD card, or on a telehealth platform like Zoom, Valant, Doxy, or GoogleMeet. Recorded sessions are kept confidential, are not considered part of your medical record, and are deleted within 60 days of recording. Sessions will never be recorded without the client's awareness and consent. Your consent to recording sessions is optional and will not affect your eligibility for services but may improve your treatment outcomes. This consent can be withdrawn at any time by sending an email with your expressed wishes and your identifying information to your clinician and the licensure supervisor listed on this form.

_____ I consent to having my therapy sessions recorded and shared with Mandy McHugh only.

_____ I consent to having my therapy sessions recorded and shared with Mandy McHugh and other supervisees in the group supervisory process.

_____ I do not consent to having my therapy sessions recorded.

Client Name (printed): _____

Client signature: _____

Clinician's Name: _____

Licensure Supervisor: Mandy McHugh, LCSW, Board-Approved Supervisor

Work site Supervisor: _____