



Amber's Thread Counseling

Client Consent to Treat

I _____ as a supervisee of Amber Raye Ellis, MA, LAC, give my consent to participate in technology based clinical supervision at Amber's Thread Counseling. My signature below indicates that I have read and understand this consent and that any questions I have regarding this form have been answered and that I agree to the following:

My clinical supervisor has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct supervision visit due to the fact that I will not be in the same room as my clinical supervisor.

I acknowledge and understand that the benefits of technology based clinical supervision are an increase in access to clinical supervision, a reduction in transportation time and cost and it may promote the refinement of meta skills such as critical thinking, in-depth self-reflection, effective problem solving, and empathetic understanding. (Maki, Maki, Patterson, & Whittaker, 2000)

I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my clinical supervisor or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. When there are technical difficulties the supervisor will take place by phone.

I understand that I have the right to discontinue technology based clinical supervision at any time for any reason. I have the right to request in-person clinical supervision. I understand that the initial visit will be in-person and subsequently an in-person supervision will occur every six months in order to support the supervisory relationship and to minimize the limitations of technology based supervision.

I understand that technology based clinical supervision will be conducted over a HIPPA compliant tele therapy platform.

I understand that in the course of supervision with Amber's Thread Counseling, I may be referred to other providers or emergency services located near the supervisee to address emergency concerns that can't be resolved over technology. Amber's Thread Counseling is not financially responsible for these services nor the outcome of the services provided.

I understand that Amber's Thread Counseling, uses electronic communication such as encrypted email, and texts to schedule appointments and for appointment reminders only. This communication can't contain patient identifying information. These forms of communication are not considered private and you may request to have all forms of communication take place through phone calls or HIPPA compliant tele therapy platforms. It is considered a dual relationship for clinical supervisors to be connected with their supervisee's on social media.

I have received a supervision contract, disclosure statement, fee disclosure and notice of privacy rights and that it is my responsibility to read these documents and ask questions if I do not understand anything which they contain. I release Amber's Thread Counseling from any responsibility for harm or injury which may result in my failure to carry out these responsibilities.

Signature _____ Date _____