SUPERVISION DISCLOSURE STATEMENT

Your therapist is a Psychology Intern in the Counseling Center at UC Irvine. Psychology Interns are enrolled in doctoral-level Counseling or Clinical Psychology Programs and are completing their internship program at the UCI Counseling Center.

A senior staff person who is a licensed Psychologist is supervising your therapist, and has full responsibility for the work of the Psychology Intern therapist. Your therapist will meet in person and/or through secure telecommunication, with their supervisor weekly to discuss their clinical work. Confidentiality and its limits, as described in the Counseling Center’s Informed Consent Form and Consent to Telemental Health Services, apply to both therapists and supervisors.

If you have any questions about this supervision of therapy, we encourage you to speak with your therapist. The supervisor working with your therapist is listed below and is available for consultation with you upon your request. Questions may also be directed to the Counseling Center Director, Frances Diaz, Psy.D., license #PSY21313, at (949) 824-6457.

CONSENT:

I have read the above and voluntarily consent to live supervision through telecommunication when needed.

I agree to work with one of the following trainees and their supervision team:

Trainee: Assis Ghoul, M.A. Supervisors: Jonathan Flojo, Ph.D
Yuri Choi, Ph.D
Jessica Ortega, Ph.D

Trainee: Mar Chung, M.A. Supervisors: Jessica Eldridge, Ph.D
Stephanie Loftis, Psy.D
Milo Dodson, Ph.D

Trainee: Julie Whipple, M.A. Supervisors: Saimir Thano, Ph.D
Christine Catipon, Psy.D
Jungeun Kim, Ph.D

Trainee: Greg Arbo, M.A. Supervisors: Ylena Shayne, Psy.D
Sheva Assar, Psy.D
Jas Tilghman, Ph.D

Signing this form acknowledges your informed consent for treatment by a therapist under supervision, along with the method(s) of telecommunication indicated above. This form will become part of your clinical record, and a copy will be provided to you for your records.

Client Name: (Please Print) ___________________________ Client ID# ______________________

Client Signature: _____________________________________________