



## GLOVAN, POLLAK AND ASSOCIATES LLC

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[www.behavioralwellnessgroup.com](http://www.behavioralwellnessgroup.com)

### SUPERVISION AND PERMISSION TO RECORD

Your therapist is a graduate student trainee currently completing their masters or doctoral level program. As a graduate student, they work at The Behavioral Wellness Group under the supervision of a licensed clinician. They are required to follow all of BWG's policies and maintain confidentiality, and they must adhere to the ethical standards of their respective profession.

The graduate student assigned to work with you, \_\_\_\_\_ is a graduate student in the \_\_\_\_\_ program at \_\_\_\_\_. Their work is currently being supervised by \_\_\_\_\_. The ultimate responsibility for the service that you receive and for your welfare rests with the supervisor. Therefore, the supervisor must have direct knowledge of you; this is typically done by reviewing audio or video recording. The trainee assigned to work with you will discuss your concerns and progress with his or her supervisor on a regular basis.

Graduate Students are required to record their counseling sessions. These audio or video recordings are confidential. Your name will not be associated with any recordings made and the recordings are erased following review by the graduate student's supervisor. Please ask if you would like further information regarding the use of recordings or the name of the person who will review them. It is also in your right to deny the use of recordings through the duration of your treatment.

If you wish to meet the trainee's supervisor, you may do so. Please ask the graduate student assigned to work with you, the front desk staff, or call the supervisor at 440-392-2222 to request a meeting.

I agree to allow my sessions to be digitally recorded.

Client's Name PRINTED: \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_