

The Mind Point

Consent Form for Live Client Session Observation

(Only for Elevate Package Participants)

Student Name: _____

Date: _____

Purpose

I hereby consent to the observation of **two live client therapy sessions** conducted by me, as part of The Mind Point's Elevate supervised sessions package. This observation is for supervisory feedback and professional development purposes only.

Confidentiality and Consent

- I confirm that I have obtained **explicit consent from my client(s)** to allow the supervisor to observe the live sessions.
 - I agree to maintain strict confidentiality regarding all client information during and after the observation process.
 - I understand that the supervisor will provide constructive feedback aimed at improving my therapeutic skills.
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Recording and Use of Information

- I consent to the sessions being observed live by the supervisor.
 - I understand that these sessions may be recorded only if agreed upon separately by all parties (client, myself, supervisor).
 - Any recordings will be stored securely and used solely for supervision purposes.
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Time Frame for Live Sessions

- I agree to conduct these two independent live client sessions within 6 months of completing the supervised sessions.
- I understand that observations outside this timeframe may not be supported by The Mind Point.

Voluntary Participation

- I understand that participation in live session observation is voluntary and can be withdrawn at any time with prior notice to the supervisor.
 - Withdrawal will not affect any completed supervision sessions or fees already paid.
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Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____