A T r u t h 180 Health Service

Angela Robertson, MS, NCC, LPC-S
A Truth 180 Health Services | *Founder*

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Employer's Notification and Consent To Release Information

Date: _____
From:_____
To:_____

I am currently registered with the Louisiana Licensed Professional Counselor (LPC) Board Examiners as a Provisionally Licensed Professional Counselor (PLPC#_____), under the clinical supervision of ***Angela Davis Robertson, MS, LPC-S, NCC*** (Board-Approved Supervisor).

Supervision must comply with standards as set by the LPC Board of Examiners, Pursuant to R.S. 37:1107(A). Supervision is defined as assisting the counselor intern in developing expertise in methods of the professional mental health counseling practice and in developing self-appraisal and professional development strategies. The practice of mental health counseling involves mental health counseling, consulting, referral activities, and appraisal services.

a. A Minimum of 1,900 hours (up to 2,900 hours) in direct client contact (individual or group).
b. A maximum of 1,000 hours in indirect client contact or counseling-related activities (i.e., case notes, staffing, case consultation, or testing/assessment of clients).
c. A minimum of 100 hours of face-to-face supervision.

Additionally, I am required to meet regularly with my Board-Approved Supervisor - 1 hour of supervision for every 20 hours of direct client contact.

In accordance with the requirement of R.S. 37.1107(A), it will be necessary to discuss all client cases and make available client files, case notes, reports, treatment plans, and counseling session videos/audiotapes with my Board-Approved Supervisor. Information shared with my Board-Approved Supervisor shall remain strictly confidential and transpire as a professional consult. Every effort will be made to conceal and/or restrict clients' personal identifying information (i.e., name, birth date, social security number, address).

Both I am my Board-Approved Supervisor are required by law to adhere to the Code of Conduct for practice as adopted by the Louisiana Licensed Professional Counselor (LPC) Board of Examiners, to include ethical standards for privileged communication. A copy of the Code of Conduct is available to you upon request.

Employer's Acknowledgement

I (we) understand the conditions of clinical supervision. I (we) understand that access to client information will be limited to and accessible only to Mrs. A. Davis Robertson for the purpose of assisting the counselor intern in developing self-appraisal and professional development strategies.

☐ I (we) hereby consent to the use of client files, case notes, reports, treatment plans, and counseling session videos/audiotapes for the purpose of clinical supervision.

☐ I (we) DO NOT consent to the use of client files, case notes, reports, treatment plans, and counseling session videos/audiotapes for clinical supervision.

☐ I (we) understand that I (we) may revoke this consent at any time by providing written notice and that this consent shall expire on the _____ of date of _____, 20___.