

**DISCLOSURE STATEMENT**

Supervision

Counselor Trainees are supervised. Supervision includes review of the diagnosis, treatment plan and clinical notes. Your file is confidential and is only released in accordance with law. All billing is done under the Supervisor's name, Angela Coyle, LPCC-S. The Supervisor is responsible for patient welfare and quality of service provided.

**Clinical Supervision is provided by:**

Angela Coyle, LPCC-S  
Licensed Professional Clinical Counselor – Supervisor

To:

**Counselor in Training**  
Kelly Gerhart, CT  
Clinical Mental Health Counseling Intern  
Malone University

This Disclosure Statement serves to advise you that Kelly Gerhart, CT is working toward her Master's degree at Malone University for Clinical Mental Health Counseling. Miss Gerhart will consult with Angela regarding all clinical services that she provides to patients. Angela reviews the diagnosis, treatment plan, and clinical notes. The file is otherwise held confidential and is only released in accordance with the law. Angela has full responsibility for patient welfare and quality of supervised work.

\_\_\_\_\_  
Signature of Patient or Custodial Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date