



## Supervisee's Consent for Receiving TeleMental Health Supervision

For All Clinical Staff of Resolve Strategies, LLC  
Not Yet Fully Licensed in the State of Georgia

***This consent is based on the TeleMental Health supervision requirements established by the Georgia State Composite Board for Professional Counselors, Social Workers, and Marriage & Family Therapists.***

I agree to receive weekly supervision from an approved Supervisor who has received the required TMH CEUs and the TMH Supervisor CEUs (3 Hours) in order to provide TMH services. (Required Weekly Supervision may include, but is not limited to TMH Supervision.)

I understand that both Supervisor and Supervisee must reside/practice in the state of Georgia and that Supervisee must be in Georgia when receiving TMH Supervision.

I acknowledge that Doxy.me & Vesee are Resolve Strategies' approved platforms for TMH Supervision and that my Supervisor's BAA must be completed and on file.

***By signing below, I consent to receive TMH Supervision, and I affirm that I have had the above requirements clearly explained to me by my assigned Supervisor***

Supervisee's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisee's Address: \_\_\_\_\_  
(State)

Supervisee's Device being used for TMH Services: (Include model & serial #)

\_\_\_\_\_

Supervisee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Supervisor's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_  
(State)

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

License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_