



YALE SCHOOL OF MEDICINE  
Department of Psychiatry / Psychology Section

Doctoral Internship Policy & Procedures

## Telesupervision Rationale and Request Form

01-17-20

Date:

Fellow:

Primary Advisor:

Supervisor Conducting Telesupervision:

Placement(s):

Rationale for Telesupervision:

Anticipated Dates of Telesupervision:

HIPAA Compliant Software:

### SIGNATURES

Primary Advisor \_\_\_\_\_

Date \_\_\_\_\_

Fellow \_\_\_\_\_

Date \_\_\_\_\_

Chief of Psychology (Facility) \_\_\_\_\_

Date \_\_\_\_\_

Director of Training \_\_\_\_\_

Date \_\_\_\_\_