

Supervision Contract

Supervisee:

Name: _____ LPCA
Pho: _____ LMFTA
Address: _____

Supervisor:

Kevin Rutter, MS, LMFT, CPC
828-638-5907
715 Fairgrove Church Rd. SE Ste 202
Conover, NC, 28630

Supervision Commitment:

We agree to commit _____ hours a month beginning _____ and continuing until _____ for a total of _____ hours.

Agreed upon fee for one hour of supervision is \$90.

Travel fee will be \$10.00 per 15 minutes (less than 15 minutes will not be charged a fee).

These fees will be collected at the time of service in the form of cash, check, or VISA.

Cancelled checks will be assessed a \$25 fee.

Cancellations:

The supervisor's time will be allotted for supervision as contracted. Therefore, it is important to give 2 or more business days advance notice should any changes occur to the agreed schedule to avoid the late cancel fee. For live supervision if a client cancels with less than 48 hours notice the supervisee may elect to either cancel supervision and pay the late fee or continue supervision as planned. In the case of an emergency or sickness please call supervisor ASAP to cancel and reschedule supervision. As a courtesy I will wave the fee for the first emergency cancellation (less than 48 hours). Any additional cancellations less than 48 hours will be charged a late fee of \$35. These fees are to be paid prior to the next supervision session.

Safety:

If you, your client, or another individual is in imminent danger first call the police and then contact your supervisor immediately. This includes child & elderly abuse, suicidal, & homicidal ideation.

Supervision style:

My preferred model of supervision is cognitive behavioral. In addition, I incorporate examples and discussion of all the various theories to help supervisees gain experience with all of them. It is not my goal to convince supervisees into practicing therapy as I do but rather to help them explore and strengthen the techniques and models that fit best for them. I also offer Christian based therapy in my work and can discuss the dynamics of this approach in supervision if so desired. Audio, video, and live supervision are acceptable (required for LPC) tools for supervision. Live supervision and supervision with another supervisee ("dyadic supervision" which is considered individual) is encouraged and is offered at a discounted rate of \$50/hr. The quality of the supervision experience depends largely on how committed each supervisee is to the supervision process. What comes out of it depends on what goes in to it. My desire is to match that level of commitment.

Supervisee responsibility:

Each supervisee is responsible for knowing and practicing the AAMFT/LPC code of ethics. For maintaining their own Liability Insurance (insurance may also assist you with your supervision fees). For maintaining case notes and a record of supervision hours. For informing the Supervisor of any risks or concerns involving clients immediately and addressing these concerns appropriately. To share with the supervisor openly any concerns or questions about the supervision process and the nature of the supervision relationship. To notify clients and obtain written release before beginning live supervision.

Identification of Goals:	Scale (1=lowest, 10=highest)	Current	Desired
1. _____		_____	_____
2. _____		_____	_____
3. _____		_____	_____
4. _____		_____	_____

Confidentiality:

The same code of ethics regarding confidentiality outlined by AAMFT/LPC applies to supervision. Any identifying information about yourself and the clients discussed will be kept in strict confidence. **This includes strictly avoiding the sharing of confidential information through electronic media such as email, texting, faxing, video conferencing, social networking, and all other electronic means.**

Each supervisee is expected to keep other supervisees (such as in joint supervision) and their client's information confidential as well. Cases the supervisor shares are also confidential. The exceptions include safety concerns such as self reported suicidal or homicidal ideation, child abuse, or elderly abuse.

Roles of multiple supervisors:

If more than one supervisor is working with the supervisee, the cases will be divided by _____.

The supervisee agrees to allow the sharing of confidential information should the supervisors wish to discuss the progress of the supervisee.

Evaluation procedures:

During each supervision session a discussion involving self evaluation and feedback will occur. A final formal evaluation will take place at the final session. Reciprocal feedback is welcome.

Agency/Internships:

In addition to this contract, certain agencies and internships may require additional contracts. (Ex: rules about videotaping, removing case notes from the premises, etc.) Such contracts should be reviewed with your supervisor to address any conflicts or necessary revision to this contract.

Continuation:

Under certain circumstances it may become necessary to extend the final date for supervision. The supervisee is responsible for applying for such extensions from the licensure board. In addition, a new contract will need to be signed with the supervisor.

Termination:

Upon completion of supervision the supervisee is responsible for collecting all paperwork and submitting for licensure. The supervisor agrees to assist with this process by completing paperwork to be filled out by an AAMFT/LPCS supervisor. Early termination must be given 30 days prior written notice. Upon termination the licensure board will be contacted to remove this supervisor designation. Any concerns or recommendations regarding the supervisee may be reported to subsequent supervisors or licensing boards upon termination of supervision.

Insurance:

Please provide a copy of your liability insurance before you begin supervision. You are responsible for notifying your supervisor should your insurance change and provide a copy each time you renew it.

By signing this you are stating that you have read and understand the code of ethics, that you understand and accept the responsibilities as outlined in this contract, and that a breach of this contract constitutes the termination of this contract for supervision.

Therapist Signature

Date

Supervisor Signature

Date