

**Your Company Name (Inc or LLC, etc.)**

Address, City, State, Zip

Phone                      Email

Website

**Clinical Supervision Agreement, Informed Consent, Policies and Procedures**

**Purpose**

The purpose of this agreement is to familiarize the Supervisee with the structure and process of Post-graduate clinical supervision as the Supervisee works toward licensure or maintaining the Supervisee license. Included is a description of the process, the Supervisee's rights and responsibilities, which will ensure a common understanding about the supervision process, and provides the Supervisee an opportunity to ask questions for clarification and understanding.

**PROFESSIONAL DISCLOSURE - ABOUT (INSERT CLINICAL SUPERVISOR INFORMATION)**

**A. My credentials are as follows:**

- I earned a \_\_\_\_\_ with an emphasis in \_\_\_\_\_ at the University of \_\_\_\_\_, in the state of \_\_\_\_\_.
- I am licensed in Georgia as a Professional Counselor (LPC00\_ \_ \_ \_ ) by The Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- Credentials: \_\_\_\_\_(add other licensing credentials if applicable)
- *(insert other items that pertain to counseling such as board Supervisee may serve on or other volunteer positions)*
- *I am a Certified Professional Counselor Supervisor (CPCS)(#\_ \_ \_ ) meeting the requirements of the LPCA of GA. (as of September 30, 2018 is it a requirement to be certified.*

**B. For the past XX years I have worked in a variety of settings including:**

*(Fill in the details of the Supervisor's experience, what makes the clinical supervisor qualified to be a supervisor.)*

**C. My clinical experience has focused on: (sample below)**

- *Depression*
- *Stress and Anxiety*
- *Grief and Loss*
- *Relationship Issues (Divorce, Infidelity, Separation, Parenting)*
- *Addictions (Internet, Sexual, Pornography, Drugs)*
- *Cultural Adjustment*
- *Crisis and Trauma*
- *LGBTQI*
- *Asperger's Syndrome*
- *Personality Disorders*
- *Couples Counseling*
- *Veterans*

**D. My theoretical processes include: (sample- replace with your Supervisor theoretical approach)**

- *Counseling/Clinical - Cognitive-Behavioral, Person-Centered, Solution-Focused*
- *Supervision - Integrated Developmental Model, Solution-Focused, Cognitive*

*During the supervision experience, I will take on different roles at different times including teacher, consultant, counselor, and evaluator.*

## SUPERVISION PROCESS

### A. Participation:

1. During the introductory meeting and during the first 90 days of supervision the Supervisee will need to provide the following documents:
  - a. A copy of Supervisee's graduate diploma(s) related to counseling or psychology.
  - b. A copy of Supervisee's graduate transcript
  - c. A copy of the Supervisee's proof of professional liability insurance
  - d. A signed copy of Supervisee statement of understanding regarding the "No Right to Private Practice" agreement.
2. Arrive within five minutes of scheduled start time and be prepared for each meeting. *(Being prepared means bringing a topic for discussion.)*
3. Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills, and facilitate professional growth.
4. The Supervisee can expect to receive timely feedback of the Supervisee's clinical interventions and to have a supportive environment in which to explore client-related concerns.
5. The Supervisee will be expected to be an active participant in the supervision process.
6. When the Supervisee plans to discuss a case in supervision, be prepared to share information about the presenting problem, demographic information (first name, age, sex, racial/cultural identity, brief history of the symptoms, and a general description of treatment goals.
7. **Clinical Emergencies** - Discussions of clients will be confined to supervision time except for emergencies (ex. client hospitalization, suicidal ideation). **In the case of an emergency:**
  - a. (fill in how Supervisor can be reached)\_\_\_\_\_.  
There are **no additional fees** for emergency consultation.
  - b. In the event that the Supervisee cannot reach me, the Supervisee may (fill in with emergency contact person and how to contact them) (name of emergency contact)\_\_\_\_\_. If he/she is not available:
  - c. *(sample: Leave a detailed message for me on my cell phone and I will return the Supervisee call as soon as possible.)*
8. The use of Tele-supervision may be utilized if it is deemed appropriate between the supervisor and supervisee. The supervisor will assess the supervisee's competence for the use of tele-supervision and determine if this method of supervision is the best training method to utilize. If tele-supervision is chosen, the supervisor will still require at least 1/3 face-to-face, live, in-person supervision per the licensing board requirements.

**B. GROUP & INDIVIDUAL Setting the Agenda-See required Supervisee log forms** (sample below)

1. Each supervision group/session will start with agenda items. This means that at that time, Supervisee can indicate whether there are cases Supervisee want to discuss, professional development concerns, topics related to ethics, etc. NO MORE THAN 6 INDIVIDUALS may be in Group Supervision-GA Composite Bd.
2. I will take the lead in providing feedback and exploring clinical process with supervisees; however, based on the available time in the meeting, the topics of discussion and other factors. Feedback and dialogue among supervisees is required.
3. I will use a variety of methods/techniques during supervision, including but not limited to genograms, quizzes, case studies, etc. as a means to evaluate the Supervisee professional development and training.
4. The format for each group meeting will include follow-up on any urgent client care issues and agenda items from each participant.
5. I will encourage the Supervisee to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on the Supervisee's therapeutic interventions.
6. We will also explore counseling theories in our process of case conceptualization.
7. The benefits of these requirements will serve to improve/support the Supervisee's counseling conceptualization and intervention skills and to increase the Supervisee's sense of professional identity.
8. Possible risks include discomfort arising from challenges to the Supervisee's counseling knowledge, abilities, and/or skills.
9. If I deem it necessary, I may request the Supervisee attend individual supervision to have a more private dialogue regarding the Supervisee's supervisory process, supervisory relationship, and professional development needs.
10. Occasionally, I will provide an article or resource that we will read and discuss in supervision. If I send this information via e-mail, print it out or download it to a device that can be read at the meeting. Read and bring it to our meeting(s).
11. Supervisees are encouraged to keep some type of folder or binder that allows Supervisee to track our supervision discussions and to keep up with resources provided in supervision.
12. The purpose of the Post Graduate Experience and Supervision is to provide structure and accountability for obtaining experience and supervision which qualifies an applicant to apply for full licensure. (Rule 135-5-.02 further defines and describes this requirement.)

## ADMINISTRATIVE TASKS AND EVALUATION

### A. Supervision Log & Notes:

The Georgia Composite Board has adopted rules that require the Supervisee and the Supervisor to keep contemporaneous supervision logs.

1. Supervisee will use the "Industry Standard Forms" as developed by the Licensed Professional Counselors Association, LPCA. The logs must indicate the dates, the length of time on those dates and the topics discussed on those dates, plus other information.
2. In addition to a supervision log, Supervisee will keep a summary using "Industry Standard Forms" as developed by the Licensed Professional Counselors Association, LPCA.
3. In the event that the Licensing board asks to see these logs, the Supervisor and Supervisee must both produce the Logs & Notes (summaries may be included but do not replace the logs).
4. The "Industry Standard Forms" are found on the website of the Licensed Professional Counselors Association, LPCA. <http://www.LPCAGA.org>

### B. Evaluation:

The purpose of clinical and professional evaluation is to qualify, monitor and support Supervisee's progress in the Supervisee's counselor development. Supervisee will be provided with (sample "a copy of my evaluation form at the beginning of our supervisory work").

1. Twice a year evaluation meetings: At one if not both of the evaluation meetings the Supervisee will provide an audio recording of a session between Supervisee and one of Supervisee's clients.
2. If Supervisee is not able to provide a recording, another option, as stated by the licensing board, is a live observation of Supervisee in session.
3. If that is not an option, the "session observation form" can be used. It must be completed by a qualified clinician at the Supervisee's worksite. The Supervisee should have a discussion and take notes regarding the feedback and bring both the form and the discussion notes to the clinical supervision meeting.
4. The Supervisee must obtain written consent with regard to audio recordings and/or live observations. (sample: *I have a form that the Supervisee can use. Please request it from me when the time comes for you to complete an evaluation process.*)
5. If the Supervisee brings a recording for our evaluation meeting, please consider what, if any topics will be discuss related to the case, so that topics can be discussed during the meeting.
6. Supervisee bring a sample of your clinical writing to the evaluation meeting. This can be a case note, a treatment plan, or an assessment etc.
  - a. The sample writing needs to be related to the case that will be discussed.
  - b. The sample clinical writing should protect the identity of your client(s).
  - c. Supervisee(s) must change identifying information accordingly.
7. At the conclusion of our supervisory work together, I will provide the Supervisee with a form to evaluate my services as a clinical supervisor. This will be an anonymous form
  - a. DO NOT put the Supervisee's name on it.
  - b. The Supervisee will be provided with a self-addressed stamped envelope to return the clinical supervisor evaluation form.

### C. Documentation:

#### Georgia Composite Board - Licensed Professional Counselor, LPC

1. At the end of the Supervisee's required time interval, 1-5 years depending upon graduate degree and the amount of time needed by the Supervisee to complete the supervised experience hours;
  - a. I will complete the forms provided by the licensing board that are necessary to verify supervision and report on performance; however, there are several exceptions:
  - b. In the event that the Supervisee's evaluations reflect a lack of satisfactory required skills, I cannot ethically endorse the Supervisee for credentialing and licensure.
  - c. Additionally, if the Supervisee did not sufficiently participate by allowing me an opportunity to observe the Supervisee clinical skill set, then it might result in my not completing Supervisee paperwork.
2. In either event, the Supervisee will receive opportunities to address any concerns by an action plan that is co-created as a result of individual and group supervision meeting discussions. I will provide Supervisee with continuous feedback if I have these concerns.

#### Georgia Composite Board - Licensed ASSOCIATE Professional Counselor, LAPC

1. If Supervisee needs forms completed for the Licensed Associate Professional Counselor application, specifically the "contract affidavit" form, we will make arrangements to meet with a Notary to complete the forms and have the signatures notarized.
2. It will be the Supervisee responsibility to bring the required forms.
  - a. There is not a charge/fee for time for this service.
3. If supervision terminates prior to the Supervisee completing licensure under my supervision, the Supervisee is required to update the "contract affidavit" with the GA Composite Board within two weeks of the change in supervisors.
4. A change in employment (direction) also needs to be updated within two weeks with regard to Supervisee contract affidavit with the GA Composite Board.

**Both of these requirements (3 & 4) are based on the GA Composite Board Rules.**

## STRUCTURE & FEES (sample)

- A. **Individual Supervision-** A one-hour introductory meeting is required to determine "suitability of fit" to pursue a supervisory relationship as it relates to Supervisee supervision needs, clinical experience, goals and my clinical background, experience etc. At the conclusion of our supervisory work together, we will hold a one-hour termination meeting.
1. The fee is \$\_\_\_\_\_. If it is determined that we will not work together, then consultation and referrals will be provided upon request.
  2. At least twice a year we will have an individual evaluation meeting. The fee for those one hour meetings is \$\_\_\_\_\_ per meeting.
  3. **Evaluation Meeting** Every six month(s) **Supervisee will responsible for paying the fee for this individual evaluation meeting, whether Supervisee have completed the meeting with me or not.**
  4. Supervisee have six weeks within the date of that payment, to schedule the individual meeting with me, otherwise Supervisee forfeit that payment.
- B. **Group Supervision** - is limited to 2 - 6 participants per group. The Ga Composite board allows up to six (6) participants in a supervision group.
1. The fee is \$\_\_\_\_\_ per person-per month.
  2. It is mandatory to attend two groups per month, unless otherwise notified.
  3. Group meets for 1.5 hours.
  4. Please note that if the Supervisee must miss a meeting, a 24-hour notice is expected.
  5. However, the Supervisee is responsible for Supervisee fee of \$ \_\_\_\_\_ per month whether the Supervisee attend both of the required two supervision meetings per month or not. This requirement ends when supervision has terminated.
- C. **Regarding payment:**
1. The Supervisee can elect to pay twice per month or once a month (*please select Supervisee option at the end of this agreement*).
  2. Cash or credit cards will be accepted.
  3. If Supervisee pays via credit card: (*fill in*)
  4. **Late Payments-** Payment is due during the month that services are remitted. Any payments made late (late means the 1<sup>st</sup> day of the following month), will accrue at \$15.00 per each week that payment is late. For example, if a payment is one day late the fee is \$15.00 up to 7 days late. If Supervisee payment is 8-14 days late, the late fee is \$30.00 and so on.
    - a. After three months/incidents of late payments the supervisory relationship may be terminated by the supervisor.
    - b. Documentation for the licensure application will only be provided if sufficient and satisfactory clinical evaluation occurred over the course of the supervisory relationship.
    - c. Additionally, all supervision fee balances must be paid before documentation will be provided for the licensing board.
  5. **Payment Policy:** (*describe how you will document the payment record*)  
*SAMPLE: At each meeting the Supervisee will complete a log that will represent Supervisee payment record. This payment record document will be a part of Supervisee supervision folder which will be kept at the Clinical Supervisor Office. Supervisees are encouraged to keep a duplicate record.*

#### D. Attendance:

1. There is a supervision sign-in process for each supervision meeting. Please sign the attendance sign-in sheet upon arrival.
2. I will record supervision hours obtained in direct relationship to the time the Supervisee spent in supervision. If a Supervisee is excessively late for meetings, then that will be reflected in the time recorded.
3. Please be advised that if the Supervisee cannot make it to Supervisee's regular group, the Supervisee may be able to attend a different group, if one is available. Please check e-mail regularly for supervision meeting dates/changes/matters.
4. If for any reason I am unable to attend a supervision meeting I will make every provision to provide Supervisee with an alternate time for group or individual supervision at Supervisee convenience within a week of the missed meeting.
5. Additionally, twice a year the Supervisee is responsible for scheduling an individual evaluation meeting.
6. *(Sample: An online calendar is used to coordinate supervision attendance. Please schedule Supervisee meetings as soon as possible (within 24 hours) after I indicated either verbally or via e-mail that the calendar has been updated.)*

#### E. Legal and Ethical Issues:

1. Supervision is not intended to provide the Supervisee with personal counseling or therapy.
2. If personal issues or concerns arise repeatedly and in a way that does not seem to be resolved in a healthy way, the Supervisee will be strongly encouraged to seek personal counseling.
3. If I recommend personal counseling and Supervisee does not pursue it, this may contribute to the dissolution of the supervisory relationship.
4. The content of supervision meetings and evaluations are confidential except what I share with my supervisor or consultant(s).
5. Information provided by other therapists during supervision is confidential.
6. Supervisee must attend a 5-hour workshop on ethics every 2 years at a minimum.
7. Supervisee is required to report child abuse/elder abuse, substantial risk imminent harm to self or others to the proper authorities, as well as to me, immediately if there is a crisis. If the matter has been addressed sufficiently without my involvement and with the aid of an experienced clinician in Supervisee work setting it may be reported at the next supervision meeting,
8. As an independent clinical supervisor, I am not responsible for Supervisee's job performance, for the number of cases assigned to Supervisee or for any other aspect of Supervisee job duties or employment agreement with \_\_\_\_\_.  
*(Please print the name of employer(s))*
9. With the assistance of the Employer/Director, the Supervisees are to become familiar with and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
10. In school settings, the Supervisee needs to become familiar with the Family Education and Rights to Privacy Act (FERPA).
11. Supervisee must inform the Director and the Administrative supervisor, if one of them provides clinical supervision in the workplace. Additionally, Supervisee should inform them of my name and contact information.

12. Supervisees are required to have their own individual Professional liability insurance. The policy should cover 1 million per individual claim/ 3 million aggregate, per policy year.
13. Professional Liability insurance can be obtained from a number of agencies, below are two recommend for their ease of use, affordability, and easy search-ability online:
  - a. CPH & Associates, <http://www.cphins.com> , phone 1-800-875-1911
  - b. HPSO
14. Supervisee must provide a copy of professional liability insurance face sheet for the Supervisee's supervision record.
15. The Supervisee is also required to become familiar with and comply the ethical guidelines the Georgia Composite Board and relevant Professional Associations such as the American Counseling Association (ACA), American Mental Health Counseling Association (AMHCA) and the National Board of Certified Counselors (NBCC).
16. Supervisee ethical responsibilities include, but are not limited to the following:
  - a. To protect clients from harm.
  - b. To actively participate in supervision to promote skill development.
  - c. To be honest, open, share deficits, and report mistakes.
  - d. Become the best professional possible.
  - e. Provide services to clients in an ethical manner and adhere to ethical standards of profession.
  - f. Work always within the limits of competency, skill and training.
  - g. Understand the importance of clearness, objectivity and need for self-awareness as part of ethical practice. Failure to do so impacts the effectiveness of Supervisee work with clients.
  - h. Provide supervisor with honest feedback about supervision and the supervisory process.
  - i. Inform Supervisee' clients that Supervisee is being supervised.
  - j. Identify client's problems and symptoms to the best of Supervisee ability.
    1. Understand the rules and regulations in Supervisee work setting.

### Licensure

It is the Supervisee responsibility to know and understand the licensing law. I am willing to discuss the law with Supervisee and give Supervisee my understanding, but the ultimate responsibility of knowing and complying with the licensing law rests with Supervisee. For assistance contact The Licensed Professional Counselors Association.

### Statement of Agreement

- I have read and understand the information contained in this document. Signature acknowledges agreement to terms of a supervisory relationship with (name) \_\_\_\_\_, owner of \_\_\_\_\_.
- This agreement can be terminated with 2 weeks' notice at any time by either the Supervisee or by the Supervisor, based on verbal or written communication: including e-mail, fax, or an in-person meeting or letter.
- If termination is necessary (by either party) all due care will be given to ensure proper client, student, or patient care (including closing files, changing supervisor information on Supervisee Associate Professional Counselor application, etc.).

Please initial next to each point below, acknowledging Supervisee's understanding of this agreement:

- \_\_\_\_\_ I am responsible for paying my \$\_\_\_\_\_ per session supervision fee each session and if I don't cancel 24 hours in advance or if I fail to show.
- \_\_\_\_\_ I am responsible for paying my \$\_\_\_\_\_ per month supervision fee whether I attend both of my required 1.5-hour group supervision meetings or not.
- \_\_\_\_\_ I understand that supervision payments are due during the month that services are rendered, that late payment constitutes payments made on or after the 1<sup>st</sup> day of the following month, that late fees are assessed at \$15.00 per week until the payment is made.
- \_\_\_\_\_ I understand that three (3) late supervision payments could result in termination of supervision services.
- \_\_\_\_\_ I am electing to pay once per month (yes or no) or twice per month (yes or no).
- \_\_\_\_\_ I understand that it is my responsibility to keep a log of my supervision and to keep supervision notes as required by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- \_\_\_\_\_ I understand that it is my responsibility to get 5 continuing education credits in the area of ethics every 2 years whether I am designated as an Associate Professional Counselor or not.
- \_\_\_\_\_ As an Associate Professional Counselor, LAPC, I know that I am required to obtain 30 additional hours of continuing education credits in order to renew and maintain my credential (at least 15 of those hours must be core-approved by LPCA or NBCC).
- \_\_\_\_\_ If the LAPC credential is required by my employer, I agree to be honest with both my employer and my supervisor regarding my licensure status.
- \_\_\_\_\_ I understand that it is my responsibility to schedule my two individual evaluation meeting(s) per year with my clinical Supervisor, \_\_\_\_\_.
- \_\_\_\_\_ I recognize that I am responsible for the individual evaluation meeting fee of \$\_\_\_\_\_ every 6 months (from the date that I began supervision) whether I have scheduled and completed the meetings as tentatively scheduled or not.
- \_\_\_\_\_ I acknowledge that I have 6 weeks from the date of the supervision payment to complete the individual meeting without forfeiting the fee.
- \_\_\_\_\_ I understand that I must provide a sample of my clinical writing in the individual evaluation meeting.
- \_\_\_\_\_ I understand that it is my responsibility to review the GA Composite Board ethical guidelines for Counselors, the Licensed Professional Counselors Association, and the American Counseling Association / American Mental Health Counseling Association guidelines whether I am a member or not and the National Board of Certified Counselors if I am a member as designed by the NCC.
- \_\_\_\_\_ I understand what constitutes a clinical emergency and my various options for clinical support in the event of a clinical emergency (particularly if I determine that I need guidance beyond what I am able to receive at my work site).

\_\_\_\_\_ I know that I am responsible for my own understanding of the Georgia licensing laws.

\_\_\_\_\_ I know that it is my responsibility to understand the HIPAA and/or FERPA regulations at my work site.

\_\_\_\_\_ I have reviewed and I understand the "No Right to Private Practice" agreement. I have signed the agreement.

\_\_\_\_\_ I understand that I must inform my clients that I am practicing under clinical supervision and tell them who my supervisor is and how he/she can be contacted.

\_\_\_\_\_ I understand that if I elect to record a session for supervision that I must provide my client with informed consent and authorization.

\_\_\_\_\_ I understand that it is my responsibility to obtain professional liability insurance, separate from what is provided by my employer.

\_\_\_\_\_ I understand that my supervisor may choose to utilize tele-supervision to enhance the supervision process. I understand that he will make an assessment of my readiness to utilize this platform for supervision and may determine it is not appropriate for my training.

\_\_\_\_\_ I understand that if tele-supervision is chosen, that my supervisor can cease to utilize it if he determines that it is ineffective in my training, if there are technical issues that can't be resolved, or for my lack of compliance with directives from supervision.

\_\_\_\_\_  
*Supervisee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisee Name (Printed)*

\_\_\_\_\_  
*Supervisor Signature (type your name, license, credentials here)*

\_\_\_\_\_  
*Date*