



**FREE TO FEEL THERAPEUTIC SERVICES, PLLC  
SUPERVISION CONTRACT**

Date of Implementation: \_\_\_\_\_

Plan Due for Review: \_\_\_\_\_

**I: Supervisee (Minnesota Rule 9505.0371, subpart 4, item C, subitem 1)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Name and Address of Agency/Entity Providing Employment Supervision:

\_\_\_\_\_

\_\_\_\_\_

Name and Contact Information of Employment Supervisor:

\_\_\_\_\_

\_\_\_\_\_

**II: Supervisor (Minnesota Rule 9505.0371, subpart 4, item C, subitem 2)**

Supervisor: Kelly A. Pieper, LICSW

Education: MSW - University of Minnesota 2013

License: Board of Social Work - Licensed Independent Clinical Social Worker #22469  
Board approved supervisor with the MN Board of Social Work and the MN Board of  
Therapy and Behavioral Health

Agency Affiliation: Free to Feel Therapeutic Services, PLLC

Address: 481 Linden Ln. Lino Lakes, MN 55014

Phone: 920-819-9770

E-mail: [info@freetofeelmn.com](mailto:info@freetofeelmn.com)

**III. Logistics and Context of Supervision:**

Supervision Type:

	Hours	Frequency	Time Period
Group			
Individual			

All supervision sessions will be held either at an agreed upon location in person or through video/audio platforms. Attendance at all sessions is mandatory. In the event you are unable to attend a session, contact me (Supervisor), preferably in advance, to reschedule. You will be responsible to make up the time.

The supervisee agrees to pay the supervisor via credit card, cash, or check at the time of supervision.

A supervision rate of \_\_\_\_\_ for individual and \_\_\_\_\_ for group supervision will be charged.

**IV: Supervisor availability & contact methods (Minnesota Rule 9505.0371, subpart 4, item C, subitem 4)**

Should you need to speak with me between sessions please contact me via email at [info@freetofeelmn.com](mailto:info@freetofeelmn.com).

During times of service provision after hours or in the event of a client emergency, please contact me via phone or text at 920-819-9770.

In the event I am unavailable, please reach out to your current clinical director or superior with your current employer.

NOTE: No client information will be shared via text, email, or other non-secure platform.

**V: Emergency procedures (Minnesota Rule 9505.0371, subpart 4, item C, subitem 5)**

If you think you, a client, or another individual is in imminent danger, first call the police department or 911 and then follow your agency's procedure on crisis management. This supervisor can advise action including Child Protective Service reporting, crisis support resources, etc. but cannot speak to nor be responsible for the supervisee following employer policy.

**VI: Description of the Supervisee's service responsibilities (Minnesota Rule 9505.0371, subpart 4, item C, subitem 6, unit a)**

As your supervisor and a licensed mental health professional, I am responsible for your practice under my license. In order to protect my license, and for you to become adequately prepared and a professionally competent provider, we both need to partner to monitor the quality of client care, improve clinical skills, and facilitate professional and personal growth.

The scope of your practice will involve:

- Conducting diagnostic interviews and completing diagnostic assessments
- Creating and adhering to service treatment plans that align with client needs and diagnosis(es)
- Conducting individual and family therapy sessions

- Completing all associated documentation with service provision in a timely and compliant manner
- Other: \_\_\_\_\_

**VII: Description of client population (Minnesota Rule 9505.0371, subpart 4, item C, subitem 6, unit b)**

Description of client population including locations being served: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VIII: Treatment methods and modalities (Minnesota Rule 9505.0371, subpart 4, item C, subitem 6, unit c)**

Describe the assessment and treatment modalities that you anticipate providing to your client population: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The supervisor has specific experience in providing diagnostic assessments using the DSM5 and DC:0-5 diagnostic manuals and frameworks. The supervisor also has competency and experience providing trauma-informed services to clients of varied ages, ethnic and racial identifies, family types and systems, religious beliefs, socioeconomic statuses, and with varied presenting diagnoses. The supervisor has advanced competency in practice with children (particularly young children), families, parents, and adoption related issues. Supervisor also continues to maintain ongoing reflective supervision training.

My knowledge is based on clinical experience and specific trainings. Any other modalities you may be interested in gaining experience, we will seek appropriate consultation and training opportunities.

Continuing education should focus on developing an increased knowledge of the above methodologies and interventions.

**IX: Acknowledgement and Signature:**

Your signature below acknowledges that we both agree with the content of this plan and that any changes to it will be reflected in a revised and signed document.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date